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ABSTRACT

This KIDS COUNT report examines statewide trends in the well-being of Rhode Island's children. Five chapters address the areas of family and community, economic well-being, child health, safety, and education. The statistical portrait is based on 20 indicators of well-being: (1) children in single parent families; (2) median household income; (3) children in poverty; (4) children receiving public assistance; (5) rent burden; (6) women with delayed prenatal care; (7) low birthweight infants; (8) infant mortality; (9) births to unmarried teens; (10) women and children receiving WIC; (11) children receiving school lunch; (12) children with lead poisoning; (13) additional children's health issues; (14) child deaths; (15) teen deaths; (16) juveniles referred to family court; (17) child abuse and neglect; (18) children enrolled in Head Start; (19) high school graduation rate; and (20) teens not in school and not in the labor force. The information on each indicator is organized as follows: definitions, significance, sidebars, and city/town tables. Five core cities in which more than 15 percent of child residents live in poverty are highlighted for each indicator. Findings indicate that the number of children in poverty has grown since 1990, and that one in five children under 18 receives public assistance. (SD)

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KIDS COUNT is a national and state-by-state effort to track the status of children in the United States. Fifty state level KIDS COUNT projects provide a detailed community-by-community picture of the condition of children.

Rhode Island KIDS COUNT is sponsored by the Annie E. Casey Foundation, with additional support provided by The Rhode Island Foundation.

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To You

*To sit and dream.
To sit and read,
To sit and learn about the world
Outside our world of here and now —
Our problem world —
To dream of vast horizons of the soul
Through dreams made whole,
Unfettered, free — help me!
All you who are Dreamers too,
Help me to make
Our world anew.
I reach out my dreams to you.*

Langston Hughes

OVERVIEW

Rhode Island KIDS COUNT is a children's policy and information project sponsored by the Annie E. Casey Foundation, the nation's largest foundation dedicated exclusively to disadvantaged children. KIDS COUNT is a national and state-by-state effort to track the status of children in the United States. By providing policy makers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children.

The 1995 Rhode Island KIDS COUNT Factbook is the first annual profile of the well-being of children in Rhode Island. The 1995 Factbook provides a statistical portrait of the status of children by examining the best available data on the state and its 39 cities and towns. The 1995 Factbook also presents data on five core cities: Providence, Pawtucket, Woonsocket, Newport, and Central Falls, the communities in this state in which more than 15% of the children live in poverty.

The 1995 Factbook examines twenty indicators in five categories: Family and Community, Economic Well-Being, Health, Safety, and Education. Statewide, city/town, and core city data are presented for each indicator. The information on each indicator is organized as follows:

- ◆ **Definition:** A description of the indicator and what it measures.
- ◆ **Significance:** The relationship of the indicator to child and family well-being.
- ◆ **Sidebars:** Information related to the indicator.
- ◆ **City/Town Tables:** Data for each indicator presented for each of Rhode Island's cities and towns, the state as a whole, and the core cities.

While the 1995 Factbook is divided into sections involving major aspects of child well-being — economic well-being, health, safety and education, it is important to recognize for policy planning purposes that all of these areas are interrelated and critical at each stage of a child's development. The 1995 Factbook's focus is on the whole child as a developing individual within the context of family and community.

The purpose of the 1995 Rhode Island KIDS COUNT Factbook is to present the facts about the social condition of children in a timely, accessible, and credible manner. It is the hope of Rhode Island KIDS COUNT that the Factbook will empower community leaders, policy makers, advocates, and citizens to work toward changes which will improve the quality of life for all of Rhode Island's children.



COMMUNITY-BY-COMMUNITY PROFILES

The Factbook provides community-level information for each indicator in order to emphasize the significance of the surrounding physical, social, and economic environment in shaping outcomes for children. The five core cities of Providence, Pawtucket, Woonsocket, Newport, and Central Falls are highlighted for each indicator; they are the only communities in the state in which more than 15% of the children live in poverty. The young people most at risk of not achieving their full potential are young people in poverty. Poverty is linked to every KIDS COUNT indicator.



Where the Sidewalk Ends

*There is a place where the sidewalk ends
And before the street begins,
And there the grass grows soft and white,
And there the sun burns crimson bright,
And there the moon-bird rests from his flight
To cool in the peppermint wind.*

*Let us leave this place where the smoke blows black
and the dark street winds and bends.*

*Past the pits where the asphalt flowers grow
We shall walk with a walk that is measured and slow,
and watch where the chalk-white arrows go
to the place where the sidewalk ends.*

*Yes we'll walk with a walk that is measured and slow,
and we'll go where the chalk white arrows go,
For the children, they mark, and the children, they know
The place where the sidewalk ends.*

Shel Silverstein



CHILD POPULATION

DEFINITION

Child population is the percentage of the total population that is under the age of 18.

SIGNIFICANCE

Rhode Island's population is diverse in terms of race, ethnicity, language and country of origin. The diversity is most pronounced among Rhode Island's children.

The proportion of non-white residents is nearly twice as great for those under age 18 as for the adult population. Over 25,000 Rhode Island children ages 5 to 17 speak a language other than English at home.

Although there were almost 17,000 fewer children living in Rhode Island in 1990 than in 1980, the number of African-American, Hispanic and Asian children increased while the number of White children decreased.

While the total population of children decreased from 1980 to 1990, the number of young children under age five increased by 20%. During this same period, the number of African-American children under age five increased by nearly 50%, the number of Hispanic children increased nearly three-fold and the number of Asian children nearly doubled.

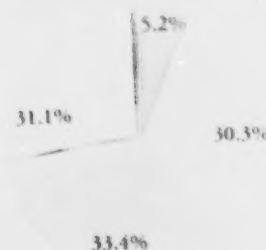
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RHODE ISLAND'S CHILDREN

BY AGE

- 5.2% ■ Less than age 1
- 30.3% ■ Ages 1 to 5
- 33.4% ■ Ages 6 to 11
- 31.1% ■ Ages 12 to 17



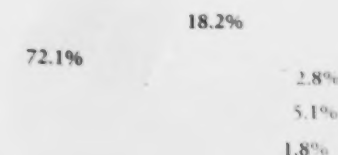
BY RACE*

- 86.8% ■ White
- 5.8% ■ Black
- 2.8% ■ Asian
- 0.6% ■ American Indian
- 4.0% ■ Other



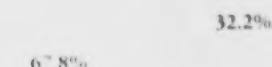
BY FAMILY STRUCTURE

- 72.1% ■ Two Parents
- 18.2% ■ Mother Only
- 2.8% ■ Father Only
- 5.1% ■ Other Relative
- 1.8% ■ Other



BY RESIDENCE

- 32.2% ■ Core Cities
- 67.8% ■ Remainder of State



* Hispanic children may be included in any race category. 7.1% of Rhode Island's children are of Hispanic origin.

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CHILD POPULATION

CHILD POPULATION, RHODE ISLAND, 1990

CITY/TOWN	TOTAL POPULATION	CHILDREN UNDER AGE 18		CHILDREN UNDER AGE 18	
		N	%	% WHITE	% MINORITY
Barrington	15,849	3,912	24.7	98.1	1.9
Bristol	21,625	4,380	20.3	98.5	1.5
Burrillville	16,230	4,479	27.6	99.5	0.5
Central Falls	17,637	4,810	27.3	68.5	31.5
Charlestown	6,478	1,575	24.3	96.1	3.9
Coventry	31,083	7,626	24.5	98.5	1.5
Cranston	76,060	14,673	19.3	93.6	6.4
Cumberland	29,038	6,427	22.1	98.6	1.4
East Greenwich	11,865	2,913	24.6	97.4	2.6
East Providence	50,380	10,657	21.2	89.8	10.2
Exeter	5,461	1,521	27.9	98.6	1.4
Foster	4,316	1,185	27.5	98.0	2.0
Glocester	9,227	2,526	27.4	98.8	1.2
Hopkinton	6,873	1,839	26.8	98.6	1.4
Jamestown	4,999	1,123	22.5	98.9	1.1
Johnston	26,542	5,332	20.1	97.7	2.3
Lincoln	18,045	3,890	21.6	97.4	2.6
Little Compton	3,339	750	22.5	99.1	0.9
Middletown	19,460	4,676	24.0	90.6	9.4
Narragansett	14,985	2,869	19.1	95.9	4.1
Newport	28,227	5,756	20.4	82.9	17.1
New Shoreham	836	163	19.5	96.9	3.1
North Kingstown	23,786	6,076	25.5	95.7	4.3
North Providence	32,090	5,655	17.6	95.9	4.1
North Smithfield	10,497	2,332	22.2	98.8	1.2
Pawtucket	72,644	16,719	23.0	83.8	16.2
Portsmouth	16,857	4,175	24.8	97.1	2.9
Providence	160,728	37,972	23.6	53.1	46.9
Richmond	5,351	1,565	29.2	96.4	3.6
Scituate	9,796	2,426	24.8	99.0	1.0
Smithfield	19,163	3,898	20.3	97.8	2.2
South Kingstown	24,631	4,770	19.4	92.6	7.4
Tiverton	14,312	3,166	22.1	99.2	0.8
Warren	11,385	2,452	21.5	98.7	1.3
Warwick	85,437	18,322	21.4	97.3	2.7
Westerly	21,605	4,988	23.1	97.0	3.0
West Greenwich	3,492	915	26.2	98.4	1.6
West Warwick	29,268	6,560	22.4	96.6	3.4
Woonsocket	43,877	10,617	24.2	88.4	11.6
Rhode Island	1,003,464	225,690	22.5	86.8	12.2
Core Cities	323,113	75,874	23.5	68.0	32.0
Remainder of State	680,351	149,816	22.0	96.3	3.7

SOURCE OF DATA FOR TABLE

U.S. Bureau of the Census, 1990 Census of Population. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

REFERENCES FOR INDICATOR

All data are from the US Bureau of the Census, 1990 Census of Population, unless otherwise noted.

Rhode Island's Children and Families: A Statistical Abstract, (1994), A. Alfred Taubman Center for Public Policy and American Institutions, Brown University; The Providence Plan; The Rhode Island Foundation; United Way of Southeastern New England; Providence, RI

KIDS COUNT 1994 Data Book: State Profiles of Child Well-Being, (1994), Annie E. Casey Foundation; Baltimore, MD.

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CHILDREN IN SINGLE PARENT FAMILIES

DEFINITION

Children in single parent families is the percentage of children under age 18 who live in families headed by a person – male or female – without a spouse present in the home. These numbers include “own children” defined as never-married children under 18 who are related to the family head by birth, marriage, or adoption.

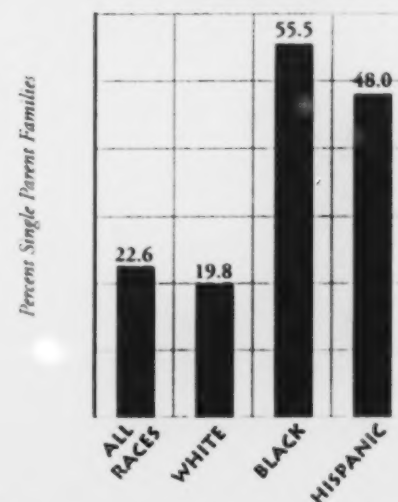
SIGNIFICANCE

Although most children live with two parents, one in five Rhode Island children lived in a single parent family in 1990. Twenty-eight percent of all Rhode Island births in 1991 were to unmarried women. This increases to 46% in the core cities of Providence, Pawtucket, Woonsocket, Newport and Central Falls. The increase in single parent families over the past three decades has occurred across all races and income levels.

Single parents with limited education are at increased risk of social and economic problems. When the single parent is a woman, the risk of falling into poverty is greater due partly to the wage gap between women and men, and inadequate child support.

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SINGLE PARENT FAMILIES IN RHODE ISLAND



Note: Percentages are calculated within each race or ethnic group

- ◆ In Rhode Island in 1990, four out of ten female-headed families with children were living below the poverty line.
- ◆ Most poverty, including that of female-headed families, occurs because of factors related to employment, wages and the availability of jobs, education and training for productive participation in the labor force.
- ◆ 25.8% of Rhode Island's female-headed families received child support or alimony in 1992.

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CHILDREN IN SINGLE PARENT FAMILIES

CHILDREN'S LIVING ARRANGEMENTS, RHODE ISLAND, 1990

CITY/TOWN	TOTAL FAMILY HOUSEHOLDS WITH CHILDREN UNDER 18	NUMBER OF CHILDREN UNDER 18 YEARS			
		TWO-PARENT FAMILY		SINGLE-PARENT FAMILY	
		N	%	N	%
Barrington	2,035	3,514	94.4	207	5.6
Bristol	2,300	3,660	88.9	457	11.1
Burrillville	2,314	3,824	87.2	560	12.8
Central Falls	2,373	2,859	61.7	1,778	38.3
Charlestown	833	1,244	83.0	254	17.0
Coventry	3,979	6,290	87.2	920	12.8
Cranston	7,911	11,360	81.2	2,622	18.8
Cumberland	3,491	5,551	90.2	604	9.8
East Greenwich	1,609	2,521	88.3	335	11.7
East Providence	5,766	7,950	81.7	1,776	18.3
Exeter	768	1,278	90.6	132	9.4
Foster	591	988	88.2	132	11.8
Glocester	1,320	2,036	88.6	261	11.4
Hopkinton	930	1,557	90.2	170	9.8
Jamestown	623	907	83.4	181	16.6
Johnston	2,851	4,229	81.7	945	18.3
Lincoln	2,181	3,210	86.1	518	13.9
Little Compton	420	612	89.7	70	10.3
Middletown	2,429	3,774	85.1	659	14.9
Narragansett	1,551	2,227	85.2	387	14.8
Newport	3,086	3,569	65.0	1,920	35.0
New Shoreham	97	149	88.7	19	11.3
North Kingstown	3,299	4,943	85.1	864	14.9
North Providence	3,115	4,563	86.6	706	13.4
North Smithfield	1,284	1,935	91.1	188	8.9
Pawtucket	8,957	11,266	73.9	3,976	26.1
Portsmouth	2,429	3,749	91.7	339	8.3
Providence	17,948	19,292	56.2	15,054	43.8
Richmond	791	1,344	94.9	72	5.1
Scituate	1,275	2,079	90.1	228	9.9
Smithfield	2,095	3,324	91.0	330	9.0
South Kingstown	2,603	3,681	81.8	819	18.2
Tiverton	1,727	2,477	84.0	472	16.0
Warren	1,356	1,880	83.8	364	16.2
Warwick	9,505	14,477	83.6	2,835	16.4
Westerly	2,746	4,071	85.7	680	14.3
West Greenwich	464	715	86.0	116	14.0
West Warwick	3,529	4,711	77.3	1,386	22.7
Woonsocket	5,650	6,850	68.6	3,140	31.4
Rhode Island	118,231	164,666	78.0	46,476	22.0
Core Cities	38,014	43,836	62.8	25,068	37.1
Remainder of State	80,217	120,830	85.4	20,608	14.6

SOURCE OF DATA FOR TABLE

U.S. Bureau of the Census, 1990 Census of Population. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

REFERENCES FOR INDICATOR

All data are from the U.S. Bureau of the Census, 1990 Census of Population and Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Data Base, 1991.

Rhode Island's Children and Families: A Statistical Abstract, (1994), A. Alfred Taubman Center for Public Policy and American Institutions, Brown University; The Providence Plan; The Rhode Island Foundation; United Way of Southeastern New England; Providence, R.I.

KIDS COUNT 1994 Data Book: State Profiles of Child Well-Being, (1994), Annie E. Casey Foundation; Baltimore, MD.

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Statement on Key Welfare Reform Issues: The Empirical Evidence, (1995), Tufts University Center on Hunger, Poverty and Nutrition Policy; Medford, MA.

America's Children At Risk: A National Agenda For Legal Action, (1993), American Bar Association; Chicago, IL.

Maternal and Child Health Data Book for the State of Rhode Island 1987-1991, (1995), Rhode Island Department of Health; Providence, R.I.

Starting Points: Meeting the Needs of Our Youngest Children, (1994), Carnegie Corporation; New York, N.Y.

Beauty

*Beauty is seen
In the sunlight,
The trees, the birds,
Corn growing and people working
Or dancing for their harvest.*

*Beauty is heard
In the night,
Wind sighing, rain falling,
Or a singer chanting
Anything in earnest.*

*Beauty is in yourself.
Good deeds, happy thoughts
That repeat themselves
In your dreams,
In your work.
And even in your rest.*

E - Veh - Shure'



MEDIAN HOUSEHOLD INCOME

DEFINITION

Median household income is the median annual income for Rhode Island households. The median income is the dollar amount which divides the income distribution into two equal groups – half with income above the median and half with income below the median.

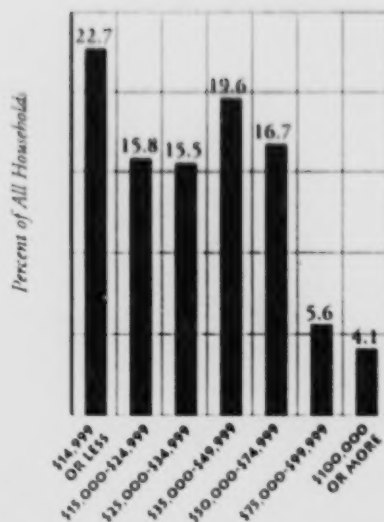
SIGNIFICANCE

The median household income provides one measure of the ability of Rhode Island's families to meet the costs of food, clothing, housing, health care, transportation, child care and higher education. More than one in three Rhode Island households have a household income less than \$25,000.

Annual earnings, especially for young families (those headed by persons younger than age 30) and female-headed families, are often insufficient to lift children out of poverty. A person working 40 hours per week at the Rhode Island minimum wage of \$4.45 per hour will earn \$9,256 annually, about two-thirds of the 1995 poverty level income of \$15,150 for a family of four.

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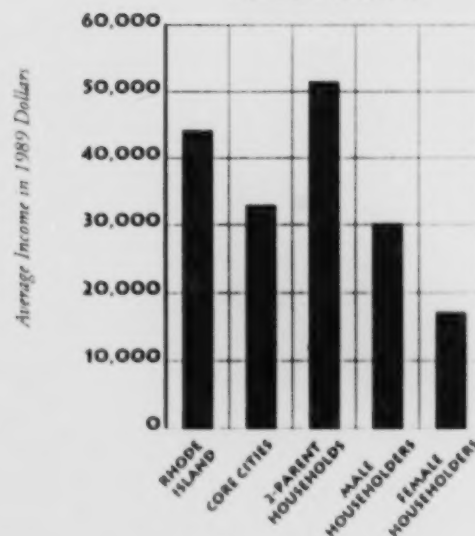
MEDIAN HOUSEHOLD INCOME LEVELS, RHODE ISLAND



Annual Median Household Income Range in 1989

Half of all Rhode Island households earned more than \$32,181 – and half earned less – according to the 1990 U.S. Census.

AVERAGE HOUSEHOLD INCOME FOR FAMILIES WITH CHILDREN, RHODE ISLAND



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CHILD SUPPORT AFFECTS FAMILY INCOME

The failure of an absent parent to pay child support has significant economic consequences for a parent raising a child or children alone.

◆ 98,963 Rhode Island children are currently in the state's Child Support Enforcement System.

◆ Court orders for child support require the establishment of paternity. 27,000 Rhode Island children have not yet had paternity established and therefore receive no child support.

◆ During the 12 months of 1995, Rhode Island Child Support Enforcement Services projects that it will collect approximately \$36 million of the \$66 million owed in current child support payments due by absent parents under court order.

◆ As of December 31, 1994, the amount past due on court-ordered child support totaled \$145 million dollars. This figure does not include the potential additional \$92 million associated with the cases for which paternity has not yet been established.

Source: RI Department of Human Services, Management Services Division, Child Support Program.

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MEDIAN HOUSEHOLD INCOME

MEDIAN HOUSEHOLD INCOME, RHODE ISLAND, 1990

CITY/TOWN	MEDIAN INCOME	CITY/TOWN	MEDIAN INCOME
Barrington	53,058	Westerly	34,844
Bristol	34,165	West Greenwich	41,250
Burrillville	37,156	West Warwick	31,625
Central Falls	18,617	Woonsocket	25,363
Charlestown	36,040	Rhode Island	32,181
Coventry	37,230	Core Cities	N/A
Cranston	34,528	Remainder of State	N/A
Cumberland	40,683		
East Greenwich	50,896		
East Providence	31,007		
Easter	38,179		
Foster	40,795		
Glocester	40,000		
Hopkinton	36,737		
Jamestown	41,518		
Johnston	32,596		
Lincoln	37,082		
Little Compton	41,187		
Middletown	35,228		
Narragansett	35,545		
Newport	30,534		
New Shoreham	31,471		
North Kingstown	40,419		
North Providence	32,321		
North Smithfield	41,449		
Pawtucket	26,541		
Portsmouth	42,474		
Providence	22,147		
Richmond	40,975		
Scituate	45,170		
Smithfield	42,523		
South Kingstown	36,481		
Tiverton	36,170		
Warren	31,637		
Warwick	35,786		

SOURCE OF DATA FOR TABLE

U.S. Bureau of the Census, 1990 Census of Population, 1989 dollars. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

REFERENCES FOR INDICATOR

All data are from the U.S. Bureau of the Census, 1990 Census of Population, unless otherwise noted.

Vanishing Dreams: The Economic Plight of America's Young Families, (1992), Children's Defense Fund: Washington D.C.

CHILDREN IN POVERTY

DEFINITION

Children in poverty is the percentage of related children under age 18 who live in families with incomes below the poverty threshold, as defined by the U.S. Office of Management and Budget. "Related children" include the family head's children by birth, marriage, or adoption, as well as other persons under age 18, such as nieces or nephews, who are related to the family head.

SIGNIFICANCE

Children who grow up in poor families are more likely to go without necessary food and clothing, lack basic health care, live in substandard housing and have unequal access to educational opportunities.

Poor children are at greater risk of being born with low birthweight, dying in infancy or childhood, having health problems that affect school performance, becoming a teen parent and dropping out of school.

The young people most at risk of not achieving their full potential are young people in poverty, regardless of race. Poverty is linked to every KIDS COUNT indicator.

According to the 1990 Census, 68% of the 30,842 children in poverty in Rhode Island lived in the core cities of Providence, Pawtucket, Woonsocket, Newport and Central Falls. Providence has the 24th highest child poverty rate among the nation's 200 largest cities.

The number of children in poverty has grown since the 1990 Census as indicated by the 39,881 children enrolled in AFDC on December 31, 1994.

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RHODE ISLAND'S POOR CHILDREN

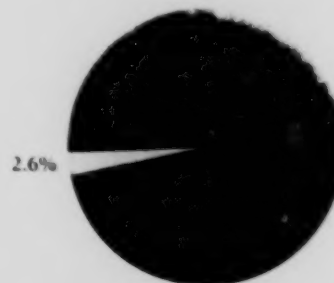
BY AGE

- 41.9% ■ Ages 5 and younger
- 33.2% ■ Ages 6 to 11
- 24.9% ■ Ages 12 to 17



BY FAMILY STRUCTURE

- 26.7% ■ Two Parents
- 70.7% ■ Mother Only
- 2.6% ■ Father Only



BY RESIDENCE

- 67.9% ■ Core Cities
- 32.1% ■ Remainder of State



BY RACE*

- 65.7% ■ White
- 14.3% ■ Black
- 6.6% ■ Asian
- 1.4% ■ American Indian
- 11.9% ■ Other



* Hispanic children may be included in any race category. 20.6% of Rhode Island's poor children are of Hispanic origin.

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FEDERAL POVERTY LINE DEFINED

The poverty income guidelines (often referred to as the "Federal Poverty Line") were first set in 1964, using an index developed by the Social Security Administration. At that time, the average American family spent approximately one-third of its net income on food. Therefore, the poverty line was established at three times the cost of one of the USDA's most economical Food Plans. The cost of this Food Plan is adjusted each year using the current consumer price index in order to calculate the official poverty income guidelines. These guidelines are adjusted for the size of the family unit and used by federal and state agencies as guidelines for various public assistance programs and as a basis for compiling data on poverty.

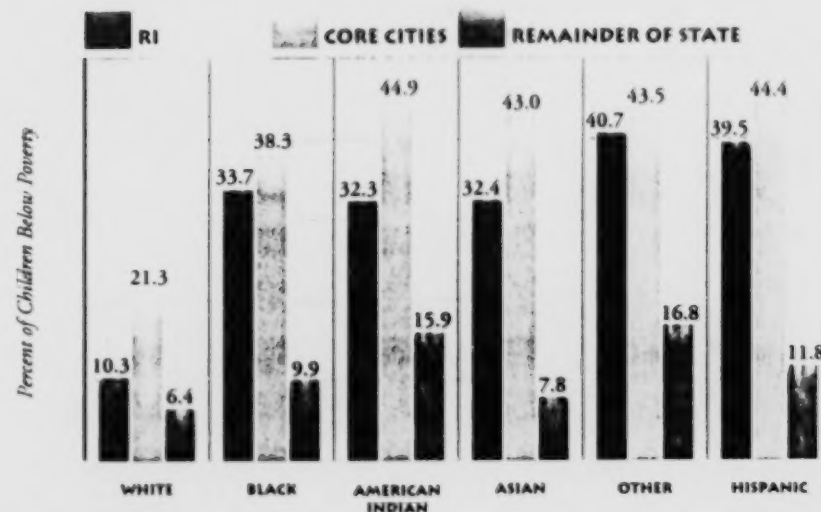
The Federal Poverty Line for a family of four in 1995 is \$15,150.

POOR FAMILIES IN THE LABOR FORCE

◆ Forty-three percent of Rhode Island's poor children live in families in which one or both parents work. Factors that lead to poverty among working families include the increase in service and retail jobs that pay lower wages, the declining value of the minimum wage and the inability to find full-time, year-round work.

◆ In the 1960s and 70s, the earnings of a full-time, year-round minimum wage worker lifted a family of three above the poverty line. Now the same effort leaves a family of three 20% below the poverty line.

PERCENT OF CHILDREN LESS THAN AGE 18 BELOW POVERTY, BY RACE



NOTE: Percentages are calculated within each race or ethnic group.

Two-thirds of Rhode Island's poor children are white, yet non-white children are more than three times as likely to be living in poverty. Children who live in the core cities, regardless of race, are much more likely to be poor than children who live in other parts of the state. (Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.)

CHILDREN IN POVERTY

CHILD POVERTY, RHODE ISLAND, 1990

CITY/TOWN	FAMILIES WITH CHILDREN BELOW POVERTY		CHILDREN UNDER 18 BELOW POVERTY		CHILDREN UNDER 6 BELOW POVERTY	
	N	%	N	%	N	%
Barrington	27	1.3	52	1.3	33	2.6
Bristol	108	4.5	253	5.9	128	8.3
Burrillville	148	6.3	276	6.1	119	8.5
Central Falls	710	28.5	1,576	32.5	749	38.0
Charlestown	68	7.8	145	9.4	39	6.4
Coventry	199	4.7	402	5.3	180	7.3
Cranston	735	8.9	1,378	9.5	562	10.9
Cumberland	145	4.0	302	4.7	151	7.4
East Greenwich	75	4.6	153	5.3	112	13.0
East Providence	499	8.0	904	8.7	355	9.9
Exeter	26	3.3	52	3.6	5	1.0
Foster	34	5.5	88	7.6	0	0.0
Glocester	99	7.2	156	6.5	77	10.0
Hopkinton	40	4.1	75	4.1	9	1.4
Jamestown	59	8.9	92	8.1	45	11.9
Johnston	266	9.0	452	8.4	187	10.6
Lincoln	164	7.2	272	7.0	98	7.2
Little Compton	12	2.6	20	2.7	15	5.1
Middletown	129	5.1	275	6.0	158	9.1
Narragansett	71	4.4	122	4.5	36	3.6
Newport	559	17.7	1,143	20.3	575	27.0
New Shoreham	12	12.4	17	10.1	6	10.0
North Kingstown	185	5.4	281	4.7	121	6.1
North Providence	182	5.6	298	5.4	78	4.3
North Smithfield	23	1.7	37	1.6	19	3.1
Pawtucket	1,255	13.4	2,525	15.5	1,096	17.3
Portsmouth	95	3.8	182	4.4	70	5.2
Providence	5,621	29.2	12,946	34.5	5,531	36.8
Richmond	9	1.1	30	2.0	0	0.0
Scituate	45	3.3	91	3.7	19	2.3
Smithfield	75	3.4	155	4.1	61	4.9
South Kingstown	134	4.9	350	7.5	133	8.7
Tiverton	109	6.0	200	6.4	81	7.9
Warren	132	9.3	199	8.5	56	6.2
Warwick	519	5.1	1,084	5.9	448	7.2
Westerly	210	7.3	432	8.7	224	12.9
West Greenwich	14	2.9	26	2.9	11	4.2
West Warwick	395	10.7	746	11.8	291	13.0
Woonsocket	1,183	20.0	2,235	21.4	1,034	26.9
Rhode Island	14,371	11.6	30,022	13.5	12,912	16.3
Core Cities	9,328	23.2	20,425	27.3	8,985	30.7
All other Cities	5,043	6.0	9,597	6.5	3,927	7.9

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SOURCE OF DATA FOR TABLE

U.S. Bureau of the Census, 1990 Census of Population. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

REFERENCES FOR INDICATOR

All data are from the U.S. Bureau of the Census, 1990 Census of Population, unless otherwise noted.

Starting Points: Meeting the Needs of Our Youngest Children, (1994), Carnegie Corporation, New York, NY.

Nutrition in Public Health: A Handbook for Developing Programs and Services, (1990), Mildred Kaufman, ed., Aspen: Rockville, MD.

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1994 Annual Report, (1995), Children's Defense Fund: Washington D.C.

Caring Prescriptions: Comprehensive Health Care Strategies for Young Children in Poverty, (1993), National Center for Children in Poverty, Columbia University: New York, NY.

Nebraska's Families: Poverty Despite Work, (1994), Voices for Children in Nebraska: Omaha, NE.

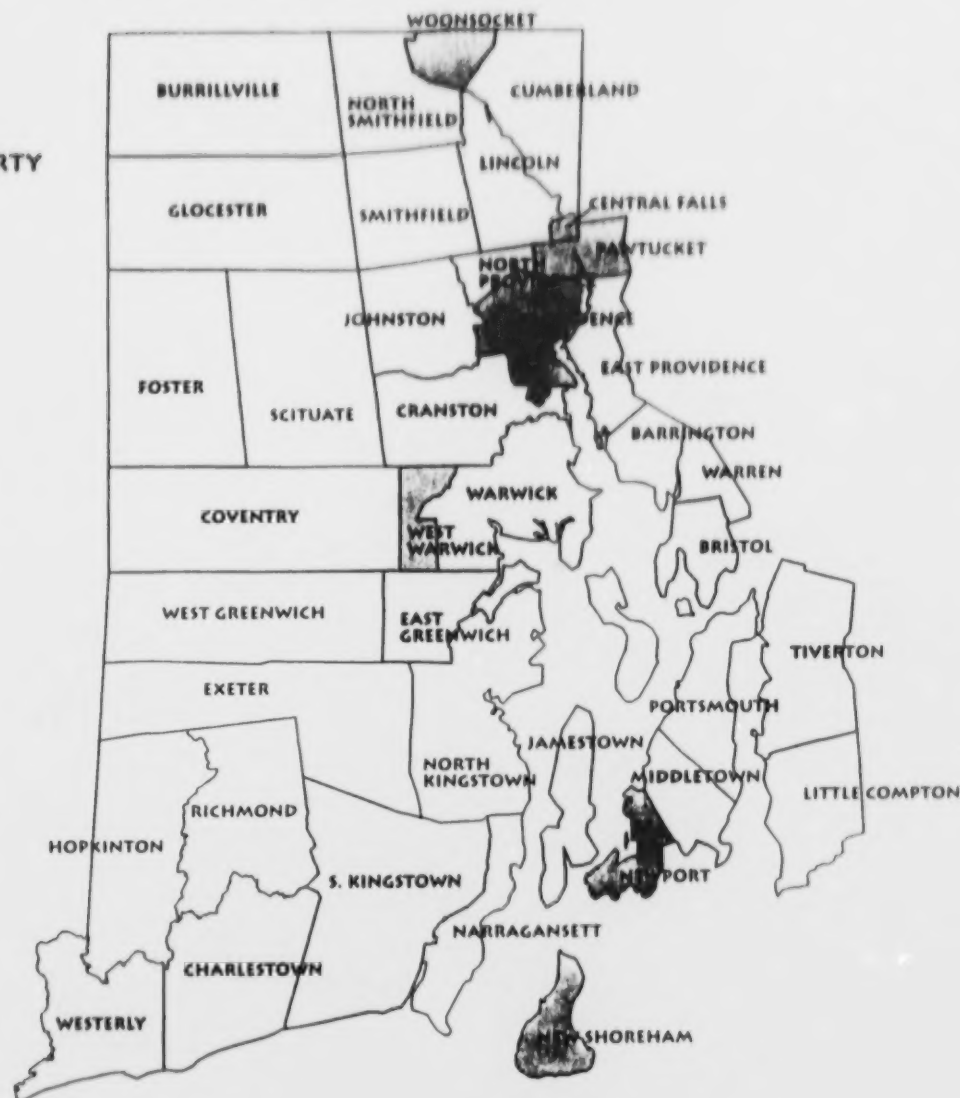
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CHILDREN IN POVERTY

CHILDREN IN POVERTY, RHODE ISLAND, 1990

PERCENT OF CHILDREN IN POVERTY

- ☐ LESS THAN 5%
- ☐ 5-10%
- ☐ 10-15%
- ☐ 15-30%
- ☒ MORE THAN 30%



Source: U.S. Bureau of the Census, 1990
Census of Population

CHILDREN RECEIVING PUBLIC ASSISTANCE

DEFINITION

Children receiving public assistance is the percent of all children less than age 18 who were living in families enrolled in Aid to Families with Dependent Children (AFDC) and/or the Food Stamp Program on December 31, 1994.

These data measure the number of children and families participating in these programs at one point in time. They do not count the additional children and families who qualified for these programs at other points during the year, but were not enrolled on December 31, 1994.

SIGNIFICANCE

Income support programs such as Aid to Families with Dependent Children (AFDC) and Food Stamps have a significant impact on the ability of poor families to provide food, shelter and clothing for their children. Almost one in five Rhode Island children benefit from either AFDC or Food Stamps.

Participation in both AFDC and Food Stamps has increased during the recession of the late 1980s and early 1990s. These increases have occurred in the core cities as well as in the suburbs and rural areas of Rhode Island.

While the benefit levels for both of these programs combined do not prevent a family of three from falling below the poverty line, they provide a minimal subsistence for poor families.

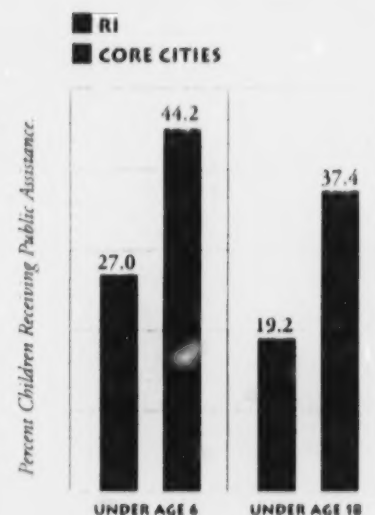
THE TRANSITION FROM WELFARE TO WORK

♦ Women cycle on and off the welfare rolls, periodically taking low-paying jobs that frequently leave them poor. Nationally, about 40 percent of welfare recipients fit this category.

♦ Barriers to sustainable employment include low wages that do not provide adequate resources for transportation, child care, and family health insurance.

♦ Education, job training programs, and job placement assistance increase the possibilities for obtaining a good job with a liveable wage and the potential for advancement.

CHILDREN RECEIVING PUBLIC ASSISTANCE



One in five Rhode Island children less than age 18 receive AFDC and/or Food Stamp benefits. In the core cities of Providence, Pawtucket, Central Falls, Woonsocket and Newport, more than one in three children less than age 18 receive public assistance.



AID TO FAMILIES WITH DEPENDENT CHILDREN

AFDC was designed to assist children deprived of income support due to a continuously absent mother or father, the incapacity or death of a parent, inadequacy of family income or parental unemployment.

◆ In Rhode Island in 1994, families enrolled in AFDC had an average of two children.

◆ As of February 1995, 70% of families enrolled had been participating for less than three years.

◆ The average monthly AFDC benefit for a Rhode Island family of three is \$554 per month. With an additional average of \$268 per month in food stamps (for families without housing assistance), the average monthly combined benefit is \$822 and the average yearly combined total is \$9,870. This amount is 20% below the federal poverty line.

◆ Only 26% of Rhode Island AFDC families receive housing assistance.



THE FOOD STAMP PROGRAM

The federal Food Stamp program provides benefits for the purchase of food to AFDC families and other low income families who meet eligibility guidelines. A recent USDA study found that children constitute 52% of all food stamp participants.

◆ There are almost 6,000 working poor families in Rhode Island who receive food stamps, but are ineligible for AFDC. The amount of food stamps received depends upon income, family size, and shelter costs.

◆ The average monthly food stamp benefit is \$268 for AFDC families without housing assistance, and \$205 for AFDC families with subsidized housing.

◆ A recent survey found that more than half of the people who use the Rhode Island Community Food Bank receive food stamps. Most people in this category said that they use the Food Bank because their food stamps do not last for the entire month.

◆ Forty-five percent of people who use the Rhode Island Community Food Bank are children ages 17 and younger.

CHILDREN RECEIVING PUBLIC ASSISTANCE

NEED FOR QUALITY AFFORDABLE CHILD CARE

A December 1994 General Accounting Office (GAO) Report estimated that if poor mothers had assistance in paying for child care the proportion working outside the home would increase from 29% to 44%.

Likewise, parents receiving AFDC who want to make the transition to employment need quality, affordable child care for their children. As of December 31, 1994, there were 33,281 children under the age of 13 in families receiving AFDC.

◆ A 1990 General Accounting Office (GAO) study found that nationwide, the average annual cost of a good quality child care center was \$4,797, or about \$92 per week. This would require more than half the income of a minimum wage-earning family of three, and a substantial portion of any low income family's annual wages.

◆ The less families earn, the higher the proportion of income spent on child care. Families earning less than \$15,000 annually often spend more than a quarter of their income on child care.

◆ In Rhode Island, as of December 1994, 4,664 children received subsidized child care.

◆ The single most important factor in quality child care is the relationship between the child and the caregiver. The quality of this relationship depends in part on the ratio of caregivers to children, the number of children in a group, and the education and training levels of the caregivers.

◆ A quality child care program also attends to the basic issues of health and safety and emphasizes a partnership between parents and caregivers.

◆ Two recent studies of child care in the United States have raised serious concerns about the quality of child care children are receiving.

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YOUNG CHILDREN IN FAMILIES RECEIVING AFDC, RHODE ISLAND, DECEMBER 31, 1994

CITY/TOWN	NUMBER OF CHILDREN		
	UNDER 3 YEARS	3 TO 5 YEARS	6 TO 12 YEARS
Barrington	21	5	30
Bristol	116	48	123
Burrillville	76	35	96
Central Falls	547	322	592
Charlestown	34	18	32
Coventry	176	85	177
Cranston	638	302	700
Cumberland	112	64	128
East Greenwich	60	25	73
East Providence	491	204	501
Easter	26	6	18
Foster	16	9	18
Glocester	30	8	23
Hopkinton	44	19	65
Jamestown	14	4	9
Johnston	217	106	218
Lincoln	87	35	94
Little Compton	7	3	4
Middletown	73	22	88
Narragansett	62	34	79
Newport	431	192	400
New Shoreham	3	2	0
North Kingstown	182	89	162
North Providence	292	82	224
North Smithfield	14	6	28
Pawtucket	1,429	757	1,494
Portsmouth	50	19	44
Providence	4,562	2,873	6,134
Richmond	28	8	41
Scituate	19	18	30
Smithfield	66	23	48
South Kingstown	81	52	120
Tiverton	93	35	70
Warren	105	37	89
Warwick	617	274	590
Westerly	180	89	189
West Greenwich	23	13	27
West Warwick	353	179	397
Woonsocket	959	580	1,110
Rhode Island	12,334	6,682	14,265
Core Cities	7,928	4,724	9,730
Remainder of State	4,406	1,958	4,535

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CHILDREN RECEIVING PUBLIC ASSISTANCE

NUMBER OF CHILDREN UNDER 18 RECEIVING ASSISTANCE BY TYPE, RHODE ISLAND, DECEMBER 31, 1994

CITY/TOWN	AFDC & FOOD STAMPS	FOOD STAMPS ONLY	ALL WITH AFDC OR FOOD STAMPS	AS % OF ALL UNDER 18
Barrington	65	18	83	2.2
Bristol	327	137	464	10.2
Burrillville	239	135	374	8.5
Central Falls	1,748	372	2,120	37.8
Charlestown	102	49	151	8.6
Coventry	534	126	660	8.8
Cranston	1,962	404	2,366	15.6
Cumberland	344	119	463	7.2
East Greenwich	189	52	241	8.8
East Providence	1,392	300	1,692	15.4
Exeter	56	11	67	4.5
Foster	49	10	59	5.0
Glocester	74	57	131	5.4
Hopkinton	167	34	201	10.7
Jamestown	31	15	46	4.0
Johnston	643	199	842	15.0
Lincoln	253	84	337	8.6
Little Compton	18	12	30	4.1
Middletown	227	69	296	6.0
Narragansett	204	50	254	8.4
Newport	1,217	234	1,451	23.0
New Shoreham	6	1	7	3.4
North Kingstown	493	99	592	9.7
North Providence	694	207	901	15.2
North Smithfield	56	20	76	3.6
Pawtucket	4,350	898	5,248	28.8
Portsmouth	134	52	186	4.5
Providence	16,555	2,799	19,354	44.0
Richmond	97	31	128	8.1
Scituate	85	38	123	5.1
Smithfield	169	98	267	6.8
South Kingstown	308	55	363	7.4
Tiverton	237	66	303	9.9
Warren	277	58	335	12.8
Warwick	1,765	423	2,188	11.6
Westerly	550	100	650	12.1
West Greenwich	78	19	97	10.5
West Warwick	1,086	258	1,344	19.0
Woonsocket	3,100	730	3,830	33.3
Rhode Island	39,881	5,951	45,832	19.2
Core Cities	26,970	5,033	32,003	37.4
Remainder of State	12,911	918	13,829	9.0

SOURCE OF DATA FOR TABLE

Rhode Island Department of Human Services,
INRHODES Data Tapes, December 31, 1994.
Core cities are Providence, Pawtucket,
Woonsocket, Newport, and Central Falls.

REFERENCES FOR INDICATOR

All data are from the Rhode Island Department of
Human Services, unless otherwise indicated.

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Policy: Medford, MA.

The State of America's Children Yearbook: 1994,
(1994), Children's Defense Fund: Washington
D.C.

The Washington Post, "National Child Care Study,"
February 6, 1995.

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RENT BURDEN

DEFINITION

Rent burden is the percentage of the statewide median renter income needed to cover the average cost of rent in a community. Generally, rent burdens over 30% are considered unaffordable, rent burdens over 50% are excessive.

SIGNIFICANCE

In the Northeast, housing costs account for the largest portion of a family's budget. During the 1980s family incomes rose 93%, while rents increased 153%.

In 1994, average rents in 17 of Rhode Island's 39 communities exceeded the affordability of the state's median income renter. Not a single Rhode Island community was affordable to a minimum wage earner working full-time.

The severity of the rent burden in Rhode Island communities has led to an increasing demand for rental subsidies. Most Section 8 and public housing waiting lists are closed, and the wait for families currently on the waiting lists can be as long as six years.

With a large percentage of family income going toward rent, any interruption in income or unexpected expense can place families at risk for homelessness.



AFFORDABLE RENTS FOR SELECTED FAMILY INCOME LEVELS

In 1994, the average rent for a two bedroom apartment in Rhode Island was \$581.

	Annual Income 1994	Affordable Rent (30% of Income)
Family of Three		
Minimum Wage Earner	\$ 9,256	\$231
AFDC (including Food Stamps)	\$ 9,870	\$246
Poverty Level	\$12,590	\$315
Median Income Renter	\$24,006	\$600



HOMELESS CHILDREN

According to the Rhode Island Emergency Shelter Information Project:

◆ 1,473 children under age 12 were served by Rhode Island's Emergency Shelter network from July 1, 1993 through June 30, 1994. This does not include individuals and families who were turned away from shelters or those who sought shelter with family members or friends.

◆ Children under age 12 represented almost 30% of the population receiving shelter at emergency shelters, and over 50% of the individuals assisted at domestic violence shelters.

RENT BURDEN, RHODE ISLAND, 1994

CITY/TOWN	1994 AVERAGE RENT 2-BEDROOM	1994 MEDIAN RENTER HOUSE- HOLD INCOME	RENT BURDEN STATEWIDE MEDIAN INCOME RENTER	1994 POVERTY LEVEL-FAMILY OF THREE	RENT BURDEN POVERTY LEVEL FAMILY OF 3
Barrington	747	41,694	37%	12,590	71%
Bristol	614	26,112	31%	12,590	59%
Burrillville	564	24,990	28%	12,590	54%
Central Falls	457	20,496	23%	12,590	44%
Charlestown	573	29,545	29%	12,590	55%
Coventry	525	26,502	26%	12,590	50%
Cranston	596	27,032	30%	12,590	57%
Cumberland	568	27,515	28%	12,590	54%
East Greenwich	621	22,730	31%	12,590	59%
East Providence	579	26,014	29%	12,590	55%
Easter	528	30,103	26%	12,590	50%
Foster	928	33,581	46%	12,590	88%
Glocester	550	23,048	27%	12,590	52%
Hopkinton	545	24,123	27%	12,590	52%
Jamestown	681	31,331	34%	12,590	65%
Johnston	599	27,240	30%	12,590	57%
Lincoln	594	28,224	30%	12,590	57%
Little Compton	553	27,491	28%	12,590	53%
Middletown	760	30,153	38%	12,590	72%
Narragansett	705	26,361	35%	12,590	67%
Newport	662	24,762	33%	12,590	63%
New Shoreham	628	NA	31%	12,590	60%
North Kingstown	664	27,503	33%	12,590	63%
North Providence	560	26,213	28%	12,590	53%
North Smithfield	612	28,015	31%	12,590	58%
Pawtucket	531	23,130	27%	12,590	51%
Portsmouth	683	39,128	34%	12,590	65%
Providence	546	20,053	27%	12,590	52%
Richmond	595	33,414	30%	12,590	57%
Scituate	604	31,745	30%	12,590	58%
Smithfield	589	23,711	29%	12,590	56%
South Kingstown	703	27,735	35%	12,590	67%
Tiverton	719	29,880	36%	12,590	68%
Warren	570	25,803	29%	12,590	54%
Warwick	624	26,948	31%	12,590	59%
Westerly	624	27,680	31%	12,590	59%
West Greenwich	NA	20,092	NA	12,590	NA
West Warwick	541	24,820	27%	12,590	52%
Woonsocket	471	21,949	24%	12,590	45%
Rhode Island	581	24,006	29%	12,590	55%
Core Cities	546	NA	27%	12,590	NA
Remainder of State	611	NA	31%	12,590	NA

SOURCE OF DATA FOR TABLE

Rhode Island Housing and Mortgage Finance Corporation. Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

REFERENCES FOR INDICATOR

All data are from *The State of Rhode Island, Consolidated Plan Fiscal Year 1995-1998*, (1994), Rhode Island Housing and Mortgage Finance Corporation: Providence, R.I., unless otherwise noted.

Children and Their Housing Needs: A Report to Kids Count, (1993), Center on Budget and Policy Priorities: Washington D.C.



In The Playground

*In the playground of my dreams
Where the sun beams
And I seem to be
Whatever I want to Be
I am free to play and stay
away from the clouds all day
In the playground of my dreams*

Abiodun Oyevo



DELAYED PRENATAL CARE

DEFINITION

Delayed prenatal care is the percentage of pregnant women beginning prenatal care in the second or third trimester of pregnancy or receiving no prenatal care at all. Data are reported by place of mother's residence, not place of infant's birth.

SIGNIFICANCE

Timely and comprehensive prenatal care significantly increases the likelihood of delivering a healthy infant of normal birthweight. Delaying the start of prenatal care to the second trimester increases the health risks for both mother and baby.

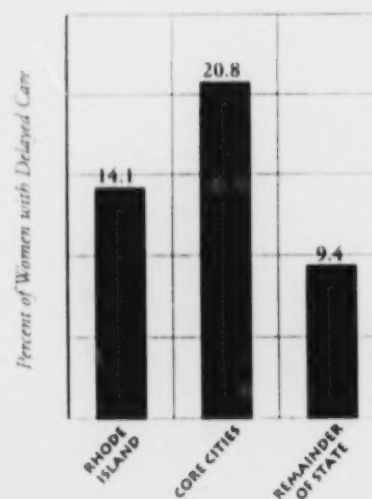
Women who begin prenatal care in the first trimester are advised earlier about smoking, nutrition and other exposures that affect fetal development. Their health care providers have an early opportunity

to prevent, detect, and treat pregnancy-related conditions or complications.

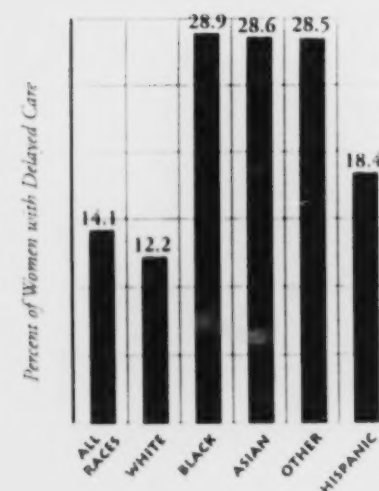
Early prenatal care is especially important for women at increased medical or social risk. Barriers to receiving care are greatest for poor, young, or minority women due to a lack of health insurance, transportation, education and child care, and because of language and cultural differences.

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DELAYED PRENATAL CARE IN CORE CITIES



WOMEN RECEIVING DELAYED PRENATAL CARE, BY RACE



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DELAYED PRENATAL CARE, RHODE ISLAND, 1987-1991

CITY/TOWN	BIRTHS	DELAYED CARE	% DELAYED CARE	CITY/TOWN	BIRTHS	DELAYED CARE	% DELAYED CARE
Barrington	972	48	4.9	Westerly	1,629	168	10.3
Bristol	1,366	151	11.1	West Greenwich	261	27	NA
Burrillville	1,005	88	8.8	West Warwick	2,327	284	12.2
Central Falls	2,005	442	22.0	Woonsocket	3,754	648	17.3
Charlestown	563	50	8.9	Rhode Island	72,910	10,290	14.1
Coventry	2,031	188	9.3	Core Cities	29,883	6,231	20.8
Cranston	4,432	443	10.0	Remainder of State	43,027	4,059	9.4
Cumberland	1,704	147	8.6				
East Greenwich	599	52	8.7				
East Providence	3,213	361	11.2				
Exeter	382	26	NA				
Foster	287	23	NA				
Glocester	571	43	7.5				
Hopkinton	535	49	9.2				
Jamestown	318	25	NA				
Johnston	1,711	154	9.0				
Lincoln	1,093	93	8.5				
Little Compton	186	25	NA				
Middletown	1,329	188	14.1				
Narragansett	898	68	7.6				
Newport	2,100	405	19.3				
New Shoreham	66	4	NA				
North Kingstown	1,615	122	7.6				
North Providence	1,866	170	9.1				
North Smithfield	497	43	NA				
Pawtucket	6,015	972	16.2				
Portsmouth	1,069	80	7.5				
Providence	16,009	3,764	23.5				
Richmond	409	34	NA				
Scituate	656	48	7.3				
Smithfield	1,015	79	7.8				
South Kingstown	1,349	87	6.4				
Tiverton	843	100	11.9				
Warren	816	103	12.6				
Warwick	5,414	488	9.0				

NA: Small numbers of births make percentage calculations unreliable.

SOURCE OF DATA FOR TABLE

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1987 to 1991. Hispanic data are for 1989 to 1991 only. Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

REFERENCES FOR INDICATOR

All data are from the Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1987 to 1991, unless otherwise noted.

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Starting Points: Meeting the Needs of Our Youngest Children, (1994), Carnegie Corporation: New York, NY.

Beyond Rhetoric: A New American Agenda for Children and Families: Final Report of the National Commission on Children, (1991), U.S. Government Printing Office: Washington DC.

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LOW BIRTHWEIGHT INFANTS

DEFINITION

Low birthweight infants is the percentage of live births weighing under 2,500 grams (5.5 pounds). The data are reported by place of mother's residence, not place of infant's birth.

SIGNIFICANCE

A baby's birthweight is a key indicator of newborn health and is directly related to the infant's survival, health, and development. Almost 60% of infants who die in the first year of life were born with low birthweight.

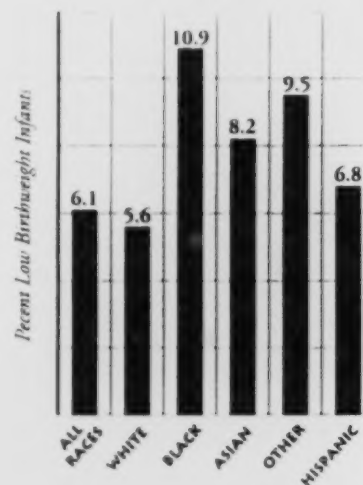
Babies born weighing less than 5.5 pounds are at greater risk for physical and mental problems. Babies born weighing less than 3.3 pounds are at especially high risk for chronic lung and respiratory

problems, visual and hearing impairments, mental retardation, and developmental and learning disabilities.

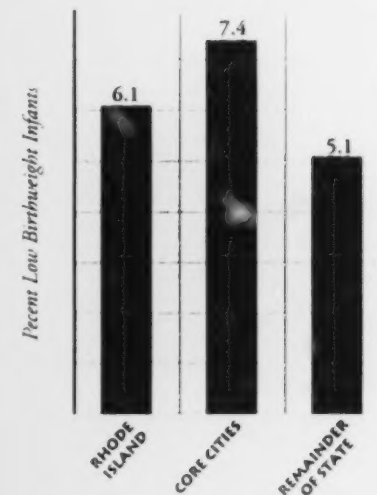
Low birthweight rates for Black infants are almost twice those for White infants, and are higher than those for Asians and other racial groups.



**LOW BIRTHWEIGHT
INFANTS
BY RACE**



**LOW BIRTHWEIGHT
INFANTS
IN CORE CITIES**



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LOW BIRTHWEIGHT INFANTS

LOW BIRTHWEIGHT INFANTS, RHODE ISLAND, 1987-1991

CITY/TOWN	BIRTHS	NUMBER LOW BIRTHWEIGHT	% LOW BIRTHRATE
Barrington	972	35	3.6
Bristol	1,366	63	4.6
Burrillville	1,005	52	5.2
Central Falls	2,005	169	8.4
Charlestown	563	30	5.3
Coventry	2,031	99	4.9
Cranston	4,432	231	5.2
Cumberland	1,704	74	4.3
East Greenwich	599	31	5.2
East Providence	3,213	174	5.4
Exeter	382	23	NA
Foster	287	13	NA
Glocester	571	25	4.4
Hopkinton	535	28	5.2
Jamestown	318	13	NA
Johnston	1,711	89	5.2
Lincoln	1,093	49	4.5
Little Compton	186	6	NA
Middletown	1,329	76	5.7
Narragansett	898	38	4.2
Newport	2,100	101	4.8
New Shoreham	66	2	NA
North Kingstown	1,615	75	4.6
North Providence	1,866	99	5.3
North Smithfield	497	19	NA
Pawtucket	6,015	361	6.0
Portsmouth	1,069	54	5.1
Providence	16,009	1,326	8.3
Richmond	409	18	NA
Scituate	656	28	4.3
Smithfield	1,015	40	3.9
South Kingstown	1,349	75	5.6
Tiverton	843	50	5.9
Warren	816	51	6.3
Warwick	5,414	290	5.4

CITY/TOWN	BIRTHS	NUMBER LOW BIRTHWEIGHT	% LOW BIRTHRATE
Westerly	1,629	96	5.9
West Greenwich	261	11	NA
West Warwick	2,327	129	5.5
Woonsocket	3,754	269	7.2
Rhode Island	72,910	4,412	6.1
Core Cities	29,883	2,226	7.4
Remainder of State	43,027	2,186	5.1

NA: Small number of births make percent calculations unreliable.

SOURCE OF DATA FOR TABLE

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1987 - 1991. Hispanic data are for 1989 to 1991 only. Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

REFERENCES FOR INDICATOR

All data are from the Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1987 to 1991, unless otherwise noted.

The Health of America's Children, Maternal and Child Health Data Book, (1992), Children's Defense Fund: Washington D.C.

Starting Points: Meeting the Needs of Our Youngest Children, (1994), Carnegie Corporation: New York, NY

The State of America's Children Yearbook: 1994, (1994), Children's Defense Fund: Washington D.C.

Healthy People 2000 - Rhode Island: The Health of Minorities in Rhode Island, (1993), Office of Health Statistics, Rhode Island Department of Health: Providence, RI

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INFANT MORTALITY

DEFINITION

Infant mortality is the number of deaths occurring to infants under one year of age per 1,000 live births. The data are reported by place of mother's residence, not place of infant's birth.

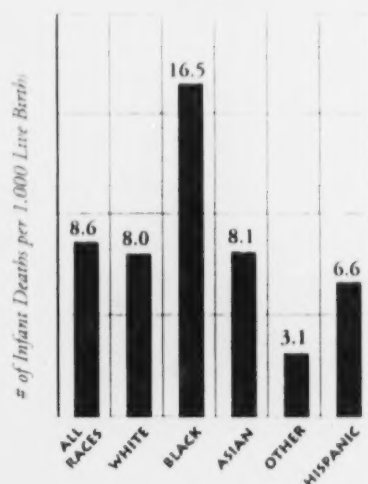
SIGNIFICANCE

Infant mortality rates are closely linked to a community's social and economic conditions. Communities with multiple problems such as poverty, poor housing conditions, and unemployment tend to have higher infant mortality rates than more advantaged communities.

Risk factors contributing to infant deaths include lack of preventive health and prenatal care, inadequate nutrition and poor living conditions. Some of the health factors associated with infant deaths include congenital birth defects, complications resulting from early delivery and low birthweight, and respiratory problems.

Over the past ten years, Rhode Island's Black infant mortality rate has declined 56 percent. Despite this progress, the Black infant mortality rate continues to be twice that for White infants.

**RHODE ISLAND
INFANT MORTALITY RATES
BY RACE**



**U.S. INFANT MORTALITY RATE RANKS
BEHIND OTHER COUNTRIES**

- ◆ Infant mortality rates are used by the World Health Organization as a primary measure of the overall social and economic health of communities worldwide.
- ◆ Each year in the United States almost 40,000 infants die before their first birthday.
- ◆ The overall United States infant mortality rate ranks twenty-second worldwide. The U.S. infant mortality rate for Black infants ranks fortieth when compared with other countries' overall rates.
- ◆ In Rhode Island in 1991, 118 infants died before their first birthday. More than half of these deaths occurred in the core cities of Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

INFANT MORTALITY

NUMBER OF INFANT DEATHS, RHODE ISLAND, 1987-1991

CITY/TOWN	BIRTHS	INFANT DEATHS	RATE/1000 BIRTHS
Barrington	972	6	6.2
Bristol	1,366	4	2.9
Burrillville	1,005	11	10.9
Central Falls	2,005	25	12.5
Charlestown	563	6	10.7
Coventry	2,031	17	8.4
Cranston	4,432	27	6.1
Cumberland	1,704	14	8.2
East Greenwich	599	8	13.4
East Providence	3,213	25	7.8
Exeter	382	8	NA
Foster	287	2	NA
Glocester	571	4	7.0
Hopkinton	535	5	9.3
Jamestown	318	4	NA
Johnston	1,711	12	7.0
Lincoln	1,093	2	1.8
Little Compton	186	10	NA
Middletown	1,329	9	6.8
Narragansett	898	7	7.8
Newport	2,100	22	10.5
New Shoreham	66	1	NA
North Kingstown	1,615	8	5.0
North Providence	1,866	14	7.5
North Smithfield	497	3	NA
Pawtucket	6,015	62	10.3
Portsmouth	1,069	7	6.5
Providence	16,009	168	10.5
Richmond	409	1	NA
Scituate	656	3	4.6
Smithfield	1,015	2	2.0
South Kingstown	1,349	11	8.2
Tiverton	843	8	9.5
Warren	816	2	2.5
Warwick	5,414	35	6.5

CITY/TOWN	BIRTHS	INFANT DEATHS	RATE/1000 BIRTHS
Westerly	1,629	9	5.5
West Greenwich	261	1	NA
West Warwick	2,327	17	7.3
Woonsocket	3,754	46	12.3
Rhode Island	72,910	626	8.6
Core Cities	29,883	323	10.8
Remainder of State	43,027	303	10.1

NA: Small numbers of births make rate calculations unreliable.

SOURCE OF DATA FOR TABLE

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, Death Files, 1987-1991. Hispanic data are for 1989 to 1991 only. Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

REFERENCES FOR INDICATOR

All data are from the Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1987-1991, unless otherwise noted.

Healthy People 2000 - Rhode Island: The Health of Minorities in Rhode Island, (1993), Office of Health Statistics, Rhode Island Department of Health, Providence, RI

KIDS COUNT Data Book 1994: State Profiles of Child Well Being, (1994), Annie E. Casey Foundation, Baltimore, MD.

The Health of America's Children, Maternal and Child Health Data Book, (1992), Children's Defense Fund, Washington D.C.

The State of the World's Children, 1994, (1994), United Nations Children's Fund (UNICEF), New York, NY, ranking based on 1991 infant mortality statistics from the National Center for Health Statistics.

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BIRTHS TO UNMARRIED TEENS

DEFINITION

Births to unmarried teens is the number of births to unmarried teen girls ages 15 to 19, per 1,000 teen girls. Data are reported by the mother's place of residence, not the place of the infant's birth.

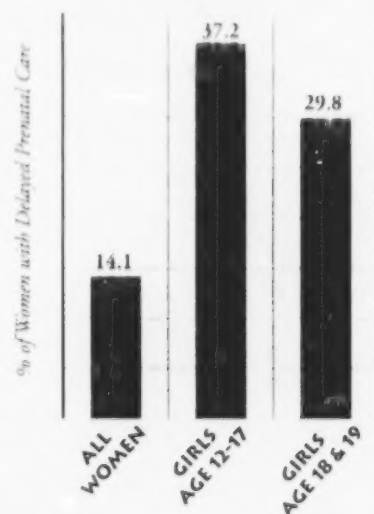
SIGNIFICANCE

Early childbearing threatens the development of teen parents as well as their children. Being a teen parent seriously limits subsequent education, employment prospects, and lifetime earnings.

Children of teen mothers begin life at a disadvantage, in part because teen mothers are less likely to obtain adequate prenatal care and are less likely to have the financial resources and social supports to promote optimal child development. Children born to teenage parents are more likely to suffer poor health, experience learning and behavior problems, live in poverty and become teen parents themselves.

Youth who live in poverty, have poor basic skills or poor school attendance are at especially high risk for teen parenting. Prevention efforts are most effective when they occur in the context of better life options and increased economic opportunities for both male and female teens.

**WOMEN WITH DELAYED
PRENATAL CARE BY AGE OF
MOTHER**



FACTS ABOUT BIRTHS TO TEENS IN RHODE ISLAND

Between 1988 and 1991:

- ◆ There were 5,883 births to Rhode Island teenagers ages 15 to 19. Of these, 4 out of 5 were to unmarried teens.
- ◆ 16 babies were born to girls ages 12 and 13. 89 babies were born to girls age 14.
- ◆ 1 in 10 births in Rhode Island were to women less than 20 years of age.
- ◆ 2 out of 3 teen births were to girls in the core cities of Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

BIRTHS TO UNMARRIED TEENS

BIRTHS TO UNMARRIED TEENS, AGE 15-19, RHODE ISLAND, 1988-1991

CITY/TOWN	NUMBER OF TEEN GIRLS AGES 15-19	BIRTHS TO UNMARRIED TEENS	RATE PER 1,000 TEENS
Barrington	475	13	6.8
Bristol	957	49	12.8
Burrillville	517	54	26.1
Central Falls	584	218	93.3
Charlestown	153	19	31.0
Coventry	1,019	94	23.1
Cranston	1,990	145	18.2
Cumberland	910	50	13.7
East Greenwich	405	12	7.4
East Providence	1,496	153	25.6
Easter	172	13	18.9
Foster	140	6	10.7
Gloicester	365	23	15.0
Hopkinton	221	32	36.2
Jamestown	128	5	9.8
Johnston	753	66	21.9
Lincoln	544	34	15.6
Little Compton	81	7	21.6
Middletown	472	40	21.2
Narragansett	384	17	11.1
Newport	1,153	134	29.0
New Shoreham	11	0	-
North Kingstown	774	62	20.0
North Providence	887	55	15.5
North Smithfield	374	15	10.0
Pawtucket	2,234	522	58.4
Portsmouth	511	23	11.2
Providence	7,284	1,746	59.9
Richmond	169	24	35.5
Scituate	334	15	11.2
Smithfield	890	19	5.3
South Kingstown	2,255	53	5.9
Tiverton	462	28	15.2
Warren	328	30	22.9
Warwick	2,533	230	22.7

CITY/TOWN	NUMBER OF TEEN GIRLS AGES 15-19	BIRTHS TO UNMARRIED TEENS	RATE PER 1,000 TEENS
Westerly	615	75	30.5
West Greenwich	127	18	35.4
West Warwick	868	125	36.0
Woonsocket	1,484	439	73.9
Rhode Island	35,059	4,663	33.2
Core Cities	12,739	3,059	60.0
Remainder of State	22,320	1,604	18.0

SOURCE OF DATA FOR TABLE

Rhode Island Department of Health, Maternal and Child Health Database, Birth Files, 1988 to 1991. Core cities are Providence, Pawtucket, Woonsocket, Newport, and Central Falls.

REFERENCES FOR INDICATOR

All data are from the Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1988-1991.

Starting Points: Meeting the Needs of Our Youngest Children, (1994), Carnegie Corporation: New York, NY

Beyond Rhetoric: A New American Agenda for Children and Families: Final Report of the National Commission on Children, (1991), U.S. Government Printing Office: Washington D.C.

Sex and America's Teenagers, (1994), The Allen Guttmacher Institute, New York, N.Y.

1994 Annual Report, (1995), Children's Defense Fund: Washington D.C.

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WOMEN AND CHILDREN RECEIVING WIC

DEFINITION

Women and children receiving WIC is the percentage of eligible women, infants and children served by the Special Supplemental Food Program for Women, Infants and Children (WIC).

SIGNIFICANCE

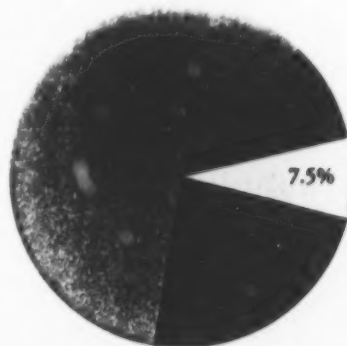
The Special Supplemental Food Program for Women, Infants and Children is a preventive program providing nutritious food, nutrition education and improved access to health care.

This federally funded program serves pregnant, postpartum and breastfeeding women, infants and children less than five years of age who are at nutritional risk, based on abnormal weight gain during pregnancy, iron-deficiency anemia or other specific health risks. Household income must be below 185% of the poverty level.

In Rhode Island, the funded allocation of 22,030 serves about 67% of eligible women, infants and children.

WOMEN, INFANTS AND CHILDREN SERVED BY WIC, RHODE ISLAND, JANUARY 1995

9.5%	■ Pregnant Women
7.5%	■ Postpartum Women
23.6%	■ Infants Less than One Year Old
59.4%	■ Children Ages 1 through 5



Total Served is 21,906

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WIC PREVENTS HEALTH PROBLEMS AND IS COST-EFFECTIVE

According to the Carnegie Corporation report, *Starting Points: Meeting the Needs of Our Youngest Children*, research indicates that WIC prevents health problems in pregnant women and young children and is cost-effective.

- ◆ WIC links the distribution of food to other health services, including prenatal care. Participation in WIC reduces by 15 to 25% the chance that a pregnant woman will deliver a premature or low birthweight infant. Every \$1 spent on WIC is estimated to save \$3 in medical costs. The greatest cost-savings associated with the WIC program occur during the first year of life due to reduced medical costs.
- ◆ WIC increases the likelihood that women will receive early, regular prenatal care and that their children will get regular pediatric care and immunizations. Mothers and children who are poor, minority, or poorly educated benefit most.
- ◆ WIC has been shown to protect infants and children from nutrition-related health problems during critical periods of growth and development. By protecting a child's cognitive development, WIC results in savings for special education that may have otherwise been incurred due to malnutrition in infancy and early childhood.

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WOMEN AND CHILDREN RECEIVING WIC

WOMEN, INFANTS, AND CHILDREN RECEIVING WIC, RHODE ISLAND, JANUARY, 1995

CITY/TOWN	ESTIMATED NUMBER ELIGIBLE	NUMBER PARTICIPATING	PERCENT OF ELIGIBLE PARTICIPATING	CITY/TOWN	ESTIMATED NUMBER ELIGIBLE	NUMBER PARTICIPATING	PERCENT OF ELIGIBLE PARTICIPATING
Barrington	211	62	29	Westerly	648	309	48
Bristol	403	220	54	West Greenwich	38	25	66
Burrillville	427	257	60	West Warwick	777	535	69
Central Falls	1,642	1,304	79	Woonsocket	2,566	1,753	68
Charlestown	105	75	71	Rhode Island	32,887	21,906	67
Coventry	592	278	47	Core Cities	20,018	14,488	72
Cranston	1,753	937	53	Remainder of State	12,869	7,418	58
Cumberland	554	209	38				
East Greenwich	241	63	26				
East Providence	1,205	813	67				
Essex	13	58	>100 *				
Foster	10	42	>100 *				
Glocester	293	52	18				
Hopkinton	33	97	>100 *				
Jamestown	96	17	18				
Johnston	598	320	53				
Lincoln	360	159	44				
Little Compton	63	19	30				
Middletown	694	293	42				
Narragansett	71	105	>100 *				
Newport	1,332	724	54				
New Shoreham	39	0	0				
North Kingstown	370	242	65				
North Providence	262	359	>100 *				
North Smithfield	59	70	>100 *				
Pawtucket	3,198	2,550	80				
Portsmouth	249	98	39				
Providence	11,280	8,157	72				
Richmond	24	90	>100 *				
Scituate	75	71	95				
Smithfield	174	96	55				
South Kingstown	402	258	64				
Tiverton	260	146	56				
Warren	156	178	>100 *				
Warwick	1,613	865	54				

* Estimates are based on 1990 Census, and do not reflect recent increases in eligible population.

SOURCE OF DATA FOR TABLE

Rhode Island Department of Public Health,
Division of Family Health, WIC Program,
January 1995. Core cities are Providence,
Pawtucket, Woonsocket, Newport and
Central Falls.

REFERENCES FOR INDICATOR

All data are from the Rhode Island Department
of Health, Division of Family Health, WIC
program, January, 1995, unless otherwise noted.
*Starting Points: Meeting the Needs of Our Youngest
Children*, (1994), Carnegie Corporation,
New York, NY.

*Beyond Rhetoric: A New American Agenda for
Children and Families: Final Report of the
National Commission on Children*, (1991),
U.S. Government Printing Office,
Washington D.C.

*Statement on The Link Between Nutrition and
Cognitive Development in Children*, (1995),
Tufts University, School of Nutrition, Center
on Hunger, Poverty and Nutrition Policy,
Medford, MA.

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CHILDREN RECEIVING SCHOOL LUNCH

DEFINITION

Children receiving school lunch is the percentage of children in public schools who are eligible for free or reduced-price lunches, and are enrolled in the program. Half-day kindergarten, private schools and residential child care centers are not included in the calculations.

SIGNIFICANCE

The National School Lunch Program is an entitlement program providing nutritious meals to children at participating schools. Meals must meet specific nutritional requirements in order to qualify for federal funds.

USDA research shows that children who participate in school lunch have better nutritional intake than those who do not. For some children, a school meal is their only nutritious meal of the day. Children from low income families depend on the School Lunch Program for one-third to one-half of their

nutritional intake each day.

Undernutrition during any period of childhood can have detrimental effects on a child's cognitive development. The longer a child's nutritional and developmental needs go unmet, the greater the risk of cognitive impairment.

To receive a reduced price meal, household income must be below 185% of the federal poverty level. 5,333 Rhode Island children receive reduced-price lunch.

For free meals, household income must fall below 130% of poverty. Children in food stamp or AFDC households are automatically eligible for free meals. 35,735 Rhode Island children receive free lunch.



THE SCHOOL BREAKFAST PROGRAM

◆ The School Breakfast Program provides federal funds to schools to offer nutritious meals to students. Although the School Breakfast Program is an entitlement program (meaning federal funds are available to pay the cost for all eligible students), it is not accessible to many children who need it because it is not a mandatory program and most school districts do not offer it.

◆ According to The Food Research and Action Center in Washington, DC, 38.9% of Rhode Island's 360 schools offer breakfast, well below the national average of 64.2%. Rhode Island ranked 44th among the states in schools offering the School Breakfast Program.

◆ An increasing number of schools in Rhode Island are participating in the School Breakfast Program. In September of 1994, 140 schools were offering breakfast, up from 119 the previous year.

◆ According to the Center on Hunger, Poverty and Nutrition Policy at Tufts University, children who participate in the School Breakfast Program have been shown to improve in the areas of standardized achievement test scores, attendance, and arriving at school on time.

CHILDREN RECEIVING SCHOOL LUNCH

SCHOOL CHILDREN ENROLLED IN FREE AND REDUCED PRICE LUNCH, RHODE ISLAND, 1994

SCHOOL DISTRICT	NUMBER OF STUDENTS	ELIGIBLE FOR FREE OR REDUCED PRICE NUMBER	PERCENT
Barrington	2,578	78	3
Bristol-Warren	3,774	861	23
Burrillville	2,768	618	22
Central Falls	2,528	2,223	88
Charlton	3,341	445	13
Coventry	5,065	753	15
Cranston	9,248	1,915	21
Cumberland	4,220	456	11
East Greenwich	1,984	171	9
East Providence	5,676	1,740	31
Exeter-W. Greenwich	1,655	224	14
Foster	329	55	17
Foster-Glocester	1,303	101	8
Glocester	761	111	15
Jamestown	513	35	7
Johnston	2,974	435	15
Lincoln	2,692	265	10
Little Compton	330	44	13
Middletown	2,761	521	19
Narragansett	1,778	234	13
Newport	2,985	1,112	37
New Shoreham	107	6	6
North Kingstown	3,919	466	12
North Providence	3,323	376	11
North Smithfield	1,589	142	9
Pawtucket	8,305	3,900	47
Portsmouth	2,499	195	8
Providence	21,332	15,741	74
Scituate	1,484	100	7
Smithfield	2,475	201	8
South Kingstown	3,395	450	13
Tiverton	1,928	333	17
Warwick	11,251	1,920	17

SCHOOL DISTRICT	NUMBER OF STUDENTS	ELIGIBLE FOR FREE OR REDUCED PRICE NUMBER	PERCENT
Westerly	2,947	551	19
West Warwick	3,716	951	26
Woonsocket	5,817	3,044	52
Rhode Island	134,083	41,068	31
Core Cities	48,967	26,020	64
Remainder of State	93,116	15,048	16

SOURCE OF DATA FOR TABLE

Rhode Island Department of Elementary and Secondary Education, Office of School Food Services, Fall, 1994. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

REFERENCES FOR INDICATOR

All data are from the Rhode Island Department of Elementary and Secondary Education, Office of School Food Services, unless otherwise noted.

Statement on The Link Between Nutrition and Cognitive Development in Children, (1995), Tufts University, School of Nutrition, Center on Hunger, Poverty and Nutrition Policy, Medford, MA.

School Breakfast Scorecard, October 1993, (1993), Food Research and Action Center, Washington DC.

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CHILDREN WITH LEAD POISONING

DEFINITION

Children with lead poisoning is the rate of confirmed lead poisoning as of September 30, 1994 per 1,000 children age three, eligible to enter kindergarten in the Fall of 1996 (i.e. born between September 1, 1990 and August 31, 1991).

SIGNIFICANCE

Childhood lead poisoning is one of the most common pediatric health problems and is entirely preventable. Infants and young children are most susceptible to the toxic effects of lead. Lead's effects on the developing central nervous system may be irreversible. Even low levels of lead exposure can result in learning disabilities, behavioral problems and lower I.Q. Higher levels of lead exposure can result in serious health problems and can lead to coma, convulsions and death.

While children of all backgrounds are at risk, low-income children and children of color are particularly likely to be affected by lead poisoning. Inadequate nutrition and anemia, more common in poor children, increase a child's susceptibility to lead poisoning. Lead-based paint and lead-contaminated dusts and soils remain the primary sources of lead exposure for children. Living in substandard housing places children at risk for lead poisoning.



LEAD POISONING OF RHODE ISLAND'S CHILDREN

- ◆ Universal screening of all children under age 6 and medical treatment of lead-poisoned children remain critically important until the environmental sources most likely to poison children are eliminated.
- ◆ Almost 1,000 children eligible to enter kindergarten in the Fall of 1996 had been confirmed with lead poisoning by September 30, 1994. Eighty percent of these children live in the core cities of Providence, Pawtucket, Woonsocket, Newport and Central Falls. They are at significantly increased risk of behavioral disorders, learning disabilities and decreased intelligence.
- ◆ This estimate of the number of lead-poisoned children age 3, eligible to enter the 1996 kindergarten class, is an undercount. Only 52% of all children with elevated blood lead levels on initial screening have yet had the repeat blood test needed to confirm the diagnosis of lead poisoning. It is likely that some of these children have lead poisoning.

CHILDREN WITH LEAD POISONING

LEAD POISONING IN CHILDREN ENTERING KINDERGARTEN IN THE FALL OF 1996

CITY/TOWN	TOTAL NUMBER 1990-1991 BIRTHS	NUMBER SCREENED	SCREENED POSITIVE FOR LEAD POISONING		CONFIRMED POISONING	
			NUMBER	% WITH CONFIRMATION TEST	NUMBER	RATE/1000
Barrington	190	259	4	0	0	0
Bristol	289	289	12	25	3	10.4
Burrillville	197	176	11	27	3	17.0
Central Falls	406	446	104	40	41	91.9
Charlestown	113	92	3	33	1	10.9
Coventry	410	248	11	9	1	0
Cranston	926	793	62	29	17	21.4
Cumberland	358	310	22	32	7	22.6
East Greenwich	123	93	2	50	1	10.7
East Providence	624	626	43	12	4	6.4
Exeter	72	57	5	0	0	0
Foster	63	55	2	50	1	18.2
Glocester	106	89	8	25	1	11.2
Hopkinton	119	80	4	25	1	12.5
Jamestown	58	66	6	0	0	0
Johnston	381	288	18	28	6	17.4
Lincoln	242	192	10	20	2	10.4
Little Compton	38	45	3	0	0	0
Middletown	290	245	8	38	3	12.2
Narragansett	171	193	14	21	3	15.5
Newport	425	486	33	33	9	18.5
New Shoreham	12	26	2	0	0	0
North Kingstown	322	308	10	30	3	9.7
North Providence	407	318	24	29	7	22.0
North Smithfield	113	82	4	50	0	0
Pawtucket	1,204	1,278	155	43	65	50.9
Portsmouth	223	211	4	0	0	0
Providence	3,220	3,766	965	59	573	152.2
Richmond	81	82	9	22	2	24.4
Scituate	130	104	5	6	0	0
Smithfield	199	170	7	43	3	17.6
South Kingstown	274	351	29	17	5	14.2
Tiverton	158	182	7	43	3	16.5
Warren	169	165	7	29	2	12.1
Warwick	1,130	745	46	41	18	24.2
Westerly	356	182	13	54	6	33.0
West Greenwich	49	42	2	50	1	23.8
West Warwick	460	229	20	55	6	26.2
Woonsocket	746	918	127	38	46	50.1
Rhode Island	14,847	14,855	1,953	52	929*	62.5
Core Cities	6,001	6,894	1,384	53	734	122.3
Remainder of State	8,846	7,961	569	34	111	12.5

* In 84 of these cases town of residence is unknown, these are not included in the city/town listing.

NOTES ON TABLE

Estimated number of children entering school in the Fall of 1996 (born between 9/1/90 and 8/31/91); number screened for lead poisoning as of September 30, 1994; number of children with elevated blood levels (>14ug/dL); percent of children with elevated blood levels who obtained a confirmation test; number of children with confirmed lead poisoning (>14ug/dL); rate of confirmed lead poisoning per 1,000 children born between 9/1/90 and 8/31/91, Rhode Island, September 30, 1994.

SOURCE OF DATA FOR TABLE

Rhode Island Department of Health, Division of Family Health, September 30, 1994. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

REFERENCES FOR INDICATOR

All data are from the Rhode Island Department of Health, Division of Family Health, unless otherwise noted.

Preventing Lead Poisoning in Young Children: A Statement by the Centers for Disease Control. (1991), U.S. Department of Health and Human Services: Washington D.C.

America's Children At Risk: A National Agenda for Legal Action. (1993), American Bar Association: Chicago, IL.

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ADDITIONAL CHILDREN'S HEALTH ISSUES

Rhode Island KIDS COUNT is dedicated to providing a comprehensive profile of the well-being of children in Rhode Island. However, there are some important issues affecting children for which there is a lack of available city and town data. Some of these critical health issues are as follows:



ACCESS TO DENTAL CARE

Children who go without dental care or who receive an inadequate level of dental care can develop long-term oral health problems and are more likely to experience dental conditions that require emergency treatment. Chronic dental problems can lead to a poor self-image, a lack of concentration, absenteeism and reduced school performance.

Access to dental care is a major obstacle confronting children from poor, working poor and uninsured families. There is a shortage of private providers willing to accept Medical Assistance patients due to the low level of reimbursement for services. Only three community health centers in the state provide dental care; all have waiting lists of

up to a year for new patients.

Programs such as Head Start, Donated Dental Services of Rhode Island (for disabled children), Travelers Aid's program for homeless teens, a targeted school-based sealant program, and a new clinic at St. Joseph Hospital help to increase access. However, children's unmet needs for dental care are substantial. In Providence alone it is estimated that 16,000 children do not have adequate dental care.

REFERENCE

Health Care, (Summer/Fall 1993), The Center for the Future of Children, Packard Foundation: Los Angeles, CA



CHILDHOOD IMMUNIZATIONS

Children need to be immunized on schedule to guard against a variety of preventable illnesses. It is estimated that every dollar spent on immunization saves ten dollars in later medical costs. Efforts are underway in communities across the country to increase the number of fully-immunized children through neighborhood outreach programs that communicate directly with parents and provide easy access to immunization sites.

Nationally, only 55% of all two-year-olds were immunized according to the recommended schedule. Rhode Island's immunization rate exceeds the national average. Sixty-nine percent of Rhode Island children are fully immunized by 24 months of age. Retrospective surveys conducted by the RI Department of Health reveal significant discrepancies in the completeness of immunizations between children in high

risk communities and the rest of the state*. These discrepancies appear as early as three months of age, widen by seven months and persist throughout the first two years. In 1993, only one third of children in the state's high risk communities were fully immunized by 19 months of age. By 24 months, the rate in these communities reached 56% — still well below the 90% goal.

**The high risk communities identified by the Department of Health for the Retrospective Study were: Central Falls, East Providence, Newport, Pawtucket, Providence, and Woonsocket.*

REFERENCE

Starting Points: Meeting the Needs of Our Youngest Children, (1994), Carnegie Corporation: New York, NY



CHILDREN WITHOUT HEALTH INSURANCE

Access to primary health care, including preventive care (well-child visits) and comprehensive treatment for serious illnesses and injuries is vital to every child's healthy growth and development. Uninsured children's lack of access to primary care leads to health problems that can severely compromise their long-term health and development. An estimated 7.5% of Rhode Island's children are uninsured.

Family income and a parent's employment status are the most important factors determining whether children have health care coverage and the type of coverage they have. Many low-income children whose families do not qualify for Medicaid are uninsured either because the parent's employer does not offer family benefits or because low wages preclude monthly

co-payments for the more expensive family coverage plans. Other children whose parent's cycle in and out of seasonal work are covered for only a portion of the year.

REFERENCE

- Caring Prescriptions: Comprehensive Health Care Strategies for Young Children in Poverty.* (1993). National Center for Children in Poverty. Columbia University. New York, NY.
- KIDS COUNT Data Book 1995: State Profiles of Child Well-Being.* (1994). Annie E. Casey Foundation. Baltimore, MD.



CHILDREN'S MENTAL HEALTH

Children's emotional well-being is essential to their growth and development. An estimated 12 to 15 percent of American children suffer from mental disorders. While the most frequent disorders treated include hyperactivity, attention deficit disorder and other conduct disorders, more than 5 percent of school-age children and adolescents suffer from depression and anxiety problems. 70% of children with disorders do not access mental health services.

In Rhode Island, the eight Community Mental Health Centers provided services to a total of 3,729 children and youth during the 1993-94 fiscal year. Bradley Hospital, Rhode Island's largest psychiatric center for children and adolescents admitted 548 children and youth to its hospital programs for the treatment of emotional disorders in 1994.

Mental health professionals are emphasizing early intervention in order to keep children's emotional problems from intensifying. The Child and Adolescent Services System Program (CASSP) was established by the National Institute of Mental Health in 1984 to promote local systems of care that are family-focused, multi-disciplinary and tailor support services to meet the individual needs of the child and family. The CASSP has generally resulted in fewer children placed in institutional or residential treatment settings or shorter stays for the children who are placed.

REFERENCE

- Beyond Rhetoric: A New American Agenda for Children and Families: Final Report of the National Commission on Children.* (1991). U.S. Government Printing Office: Washington, D.C.



Hold Fast Your Dreams

*Within your heart
Keep one still, secret spot
Where dreams may go,
And sheltered so,
May thrive and grow—
Where doubt and fear are not.
Oh, Keep a place apart
Within your heart,
For little dreams to go.*

Louise Driscoll



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CHILD DEATHS

DEFINITION

Child deaths is the number of deaths from all causes to children ages 1 to 14, per 100,000 children. The data are reported by place of residence, not place of death.

SIGNIFICANCE

The child death rate is a reflection of the physical health of children, the dangers to which children are exposed at home and in the community, and the level of adult supervision children receive.

Medical advances in the prevention and treatment of childhood illnesses have led to a reduction in child death due to illness. However, the percentage of mortality due to injury has steadily increased.

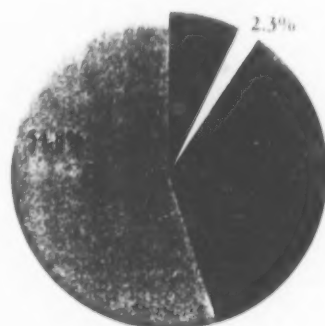
In the U.S. and in Rhode Island, injury is the leading cause of death among children ages 1 to 14. Of the 217 child deaths in Rhode Island between 1987 and 1991, 45% were due to either intentional

or unintentional injuries. The three leading causes of injury deaths for children ages 1 to 14 were homicide, motor vehicle collisions, and drowning.



**CHILD DEATHS
BY ALL CAUSES,
CHILDREN AGES 1 TO 14,
RHODE ISLAND, 1987 - 1991**

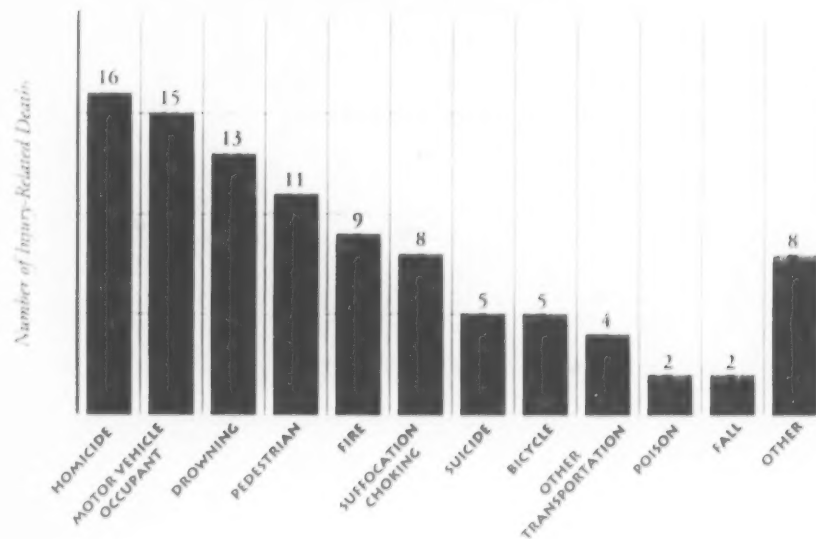
7.4% ■ Homicide
2.3% ■ Suicide
35.5% ■ Unintentional Injuries
54.8% ■ Illness



(n=217)

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**CAUSE OF INJURY DEATHS, CHILDREN AGES 1 TO 14,
RHODE ISLAND, 1987-1991**



Cause of Injury (n=98)

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CHILD DEATHS

CHILD DEATHS, RHODE ISLAND, 1987-1991

CITY/TOWN	NUMBER OF CHILDREN AGES 1-14	CHILD DEATHS	RATE PER 100,000
Barrington	3,139	5	31.8
Bristol	3,405	3	17.6
Burrillville	3,586	3	16.7
Central Falls	3,860	7	36.3
Charlestown	1,291	2	31.0
Coventry	6,009	7	23.3
Cranston	11,501	13	22.6
Cumberland	5,064	5	19.7
East Greenwich	2,290	0	0
East Providence	8,432	6	14.2
Exeter	1,209	0	0
Foster	949	0	0
Gloicester	2,029	1	9.9
Hopkinton	1,489	3	40.3
Jamestown	897	1	22.3
Johnston	4,167	2	9.6
Lincoln	3,053	3	19.6
Little Compton	586	2	68.2
Middletown	3,806	4	21.0
Narragansett	2,278	0	0
Newport	4,546	7	30.8
New Shoreham	135	1	148.1
North Kingstown	4,854	4	16.5
North Providence	4,323	3	13.9
North Smithfield	1,784	0	0
Pawtucket	13,099	17	26.0
Portsmouth	3,263	3	18.4
Providence	30,219	64	42.4
Richmond	1,269	2	31.5
Scituate	1,878	3	31.9
Smithfield	3,103	1	6.4
South Kingstown	3,836	1	5.2
Tiverton	2,428	1	8.2
Warren	1,922	0	0
Warwick	14,376	22	30.6

CITY/TOWN	NUMBER OF CHILDREN AGES 1-14	CHILD DEATHS	RATE PER 100,000
Westerly	4,006	5	25.0
West Greenwich	727	0	0
West Warwick	5,168	8	31.0
Woonsocket	8,462	8	18.9
<i>Rhode Island</i>	<i>178,438</i>	<i>217</i>	<i>24.3</i>
<i>Core Cities</i>	<i>60,186</i>	<i>103</i>	<i>34.2</i>
<i>Remainder of State</i>	<i>118,252</i>	<i>114</i>	<i>19.2</i>

NOTES ON TABLE

Because nearly all cities have a low number of deaths, the death rates are highly variable. Cities should not be compared.

SOURCE OF DATA FOR TABLE

Rhode Island Department of Health, Office of Health Statistics, 1987 to 1991. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

REFERENCES FOR INDICATOR

All data are from the Rhode Island Department of Health, Office of Health Statistics, unless otherwise noted.

A Data Book of Child and Adolescent Injury (1991). Children's Safety Network: Washington, DC.

Losing Generations: Adolescents in High Risk Settings (1993). National Academy Press: Washington, DC.

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TEEN DEATHS

DEFINITION

Teen deaths is the number of deaths from all causes to teens ages 15 to 19, per 100,000 teens. The data are reported by place of residence, not place of death.

SIGNIFICANCE

Transition to adulthood increases risks to teens' health and safety. Factors contributing to teen deaths include risk-taking behavior and the use of alcohol and drugs.

The three leading causes of all injury deaths to teens in Rhode Island between 1987 and 1991 were motor vehicle collisions, suicide, and homicide.

The Annie E. Casey Foundation reports that while the rate of teen deaths due to unintentional injury, homicide, and suicide increased nationally between 1985 and 1992, Rhode Island's rate decreased 12%.

TEEN DEATHS BY ALL CAUSES, TEENS AGES 15 TO 19, RHODE ISLAND, 1987 - 1991

47.8% ■ Unintentional Injuries
23.1% ■ Illnesses
16.5% ■ Suicide
12.6% ■ Homicide



(n=182)

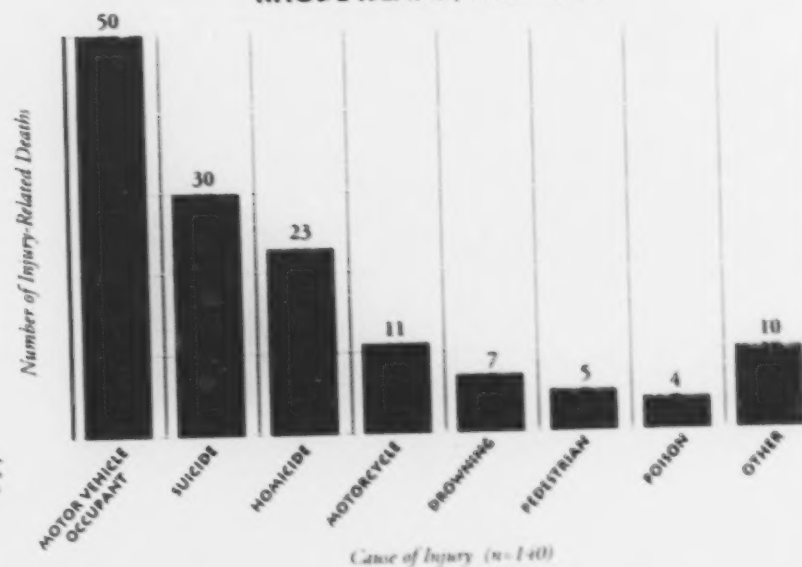
GUNS AND RHODE ISLAND YOUTH

◆ From 1987 to 1991, there were 23 gun deaths among teens ages 15 to 19. Figures for 1992 through 1995 are not yet available.

◆ From March, 1987 to October, 1992, 74 children were hospitalized with gunshot wounds. Of these, 33 were intentional injuries, 22 were unintentional injuries, and 19 were of undetermined intention. Two-thirds of the victims lived in Providence, Pawtucket, Central Falls, and Woonsocket.

◆ Of the children hospitalized with gunshot wounds, three were younger than age 6, three were between ages 6 and 11, and 68 were ages 12 to 18.

CAUSE OF INJURY DEATHS, TEENS AGES 15 TO 19, RHODE ISLAND, 1987 - 1991



TEEN DEATHS

TEEN DEATHS, RHODE ISLAND, 1987-1991

CITY/TOWN	NUMBER OF TEENS AGES 15-19	TEEN DEATHS	RATE PER 100,000
Barrington	1,004	0	0
Bristol	1,941	4	41.2
Burrillville	1,132	3	53.0
Central Falls	1,148	4	69.7
Charlestown	328	2	122.0
Coventry	2,139	8	74.8
Cranston	4,265	14	65.6
Cumberland	1,814	4	44.1
East Greenwich	808	0	0
East Providence	2,926	6	41.0
Easter	350	2	114.3
Foster	289	2	138.4
Glocester	707	4	113.1
Hopkinton	458	1	43.7
Jamestown	284	1	70.4
Johnston	1,532	2	26.1
Lincoln	1,108	2	36.1
Little Compton	202	1	99.0
Middletown	1,130	2	35.4
Narragansett	782	0	0
Newport	2,228	8	71.8
New Shoreham	25	0	0
North Kingstown	1,594	4	50.2
North Providence	1,741	4	46.0
North Smithfield	722	0	0
Pawtucket	4,487	6	26.7
Portsmouth	1,062	2	37.7
Providence	14,583	50	68.6
Richmond	363	2	110.2
Scituate	686	0	0
Smithfield	1,840	3	32.5
South Kingstown	4,060	6	29.5
Tiverton	1,004	1	19.9
Warren	624	2	64.1
Warwick	5,258	12	45.6

CITY/TOWN	NUMBER OF TEENS AGES 15-19	TEEN DEATHS	RATE PER 100,000
Westerly	1,230	5	81.3
West Greenwich	259	2	154.4
West Warwick	1,798	6	66.7
Woonsocket	2,942	7	47.6
Rhode Island	70,862	182	51.4
Core Cities	25,388	75	59.1
Remainder of State	45,474	107	47.1

NOTES ON TABLE

Because nearly all cities have a low number of deaths, the death rates are highly variable. Cities should not be compared.

SOURCE OF DATA FOR TABLE

Rhode Island Department of Health, Office of Health Statistics, 1987-1991. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

REFERENCES FOR INDICATOR

All data are from the Rhode Island Department of Health, Office of Health Statistics, 1987-1991, unless otherwise noted.

Living Generations: Adolescents in High Risk Settings, (1993), National Academy Press, Washington, D.C.

A Data Book of Child and Adolescent Injury, (1991), Children's Safety Network, Washington, D.C.

Beyond Rhetoric: A New American Agenda for Children and Families, Final Report of the National Commission on Children (1991), U.S. Government Printing Office, Washington, D.C.

JUVENILES REFERRED TO FAMILY COURT

DEFINITION

Juveniles referred to Family Court is the percentage of juveniles ages 10 to 17 referred to Rhode Island Family Court for all wayward/delinquent offenses.

SIGNIFICANCE

The Rhode Island Family Court has jurisdiction over all juvenile offenders referred for court action. (This does not include instances in which local law enforcement agencies refer a juvenile to a youth diversionary program or a city or town juvenile hearing board.) All referrals to Family Court are from the state and local police departments except for truancy cases which are referred by local school departments.

Risk factors associated with youth involvement in crime and delinquency include poverty, lack of educational and job training opportunities, family violence, instability and a lack of supervision.

In Rhode Island in 1994, 94 percent of juvenile offenses referred to Family Court were non-

100

violent offenses, including property crime, disorderly conduct, drug and alcohol-related offenses, and status offenses. Six percent were violent crime offenses.

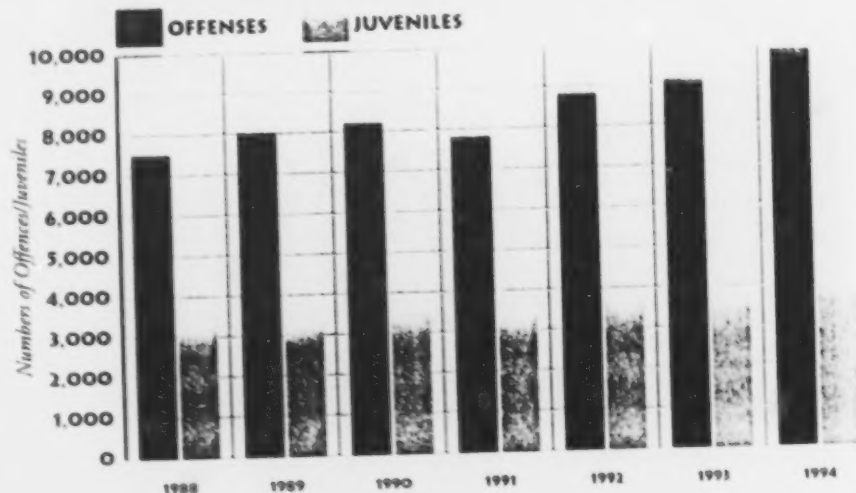
Because one youth can be charged with multiple offenses, the number of offenses referred to Family Court in a given year exceeds the number of juveniles involved by more than two to one.

JUVENILE WAYWARD/DELINQUENT OFFENSES REFERRED TO FAMILY COURT BY TYPE, RHODE ISLAND, 1994

35%	Property Offenses
14%	Status Offenses
13%	Simple Assaults
10%	Other
8%	Disorderly Conduct
8%	Drug and Alcohol
6%	Violent Crime Offenses
3%	Traffic Crimes
3%	Weapons Offenses

N = 9,766

NUMBER OF OFFENSES AND NUMBER OF JUVENILES REFERRED TO FAMILY COURT, RHODE ISLAND, 1994.



In 1994, 4.5% of Rhode Island youth ages 10 to 17 were referred to Family Court for all offenses; 4,280 juveniles were referred to Family Court for 9,766 offenses.

JUVENILE VIOLENT CRIME

◆ The number of juvenile violent crime offenses referred to Family Court increased from 272 violent offenses in 1988 to 557 violent offenses in 1994. Violent offenses include homicide, rape, robbery, and aggravated assault.

◆ According to the Annie E. Casey Foundation, Rhode Island's juvenile violent crime arrest rate in 1992 was 48.3 per 100,000 youths ages 10 to 17. This reflects a 92% increase since 1985.

JUVENILES REFERRED TO FAMILY COURT

YOUTH AT RISK



JUVENILES REFERRED FOR STATUS OFFENSES

- ◆ One in seven juvenile offenses referred to Family Court are status offenses. Status offenses are acts which would not be punishable if the offender were an adult, for example: truancy, disobedient conduct.
- ◆ Juveniles referred to Family Court for status offenses are at risk for escalating involvement with the juvenile justice system. Many serious juvenile offenders first appeared in the system on truancy or disobedient conduct petitions.
- ◆ Effective juvenile crime prevention programs involve all components of the community including families, schools, law enforcement agencies, healthcare professionals, and community-based organizations.



RUNAWAY AND HOMELESS YOUTH

- ◆ The National Network of Runaway and Youth Services estimates that every year 1.3 million American children run away from troubled or abusive homes or are abandoned by their families or other care providers.
- ◆ More than one in four of these children are considered to be "throw-away children" who were told to leave a household, were abandoned or deserted, or tried to return and were denied.
- ◆ Teen runaways are vulnerable to becoming victims and perpetrators of crime, and are at risk for alcoholism, drug use, and AIDS.
- ◆ There are limited resources for homeless youth because many shelters do not take adolescents, particularly males age 12 and older.

- ◆ While there are no accurate data on the total number of homeless and runaway youth in Rhode Island, there has been a steady increase in the number of homeless youth served by Travelers Aid's Runaway Youth Program, and an increasing demand for host home placement through the Runaway and Homeless Youth Network.



SUBSTANCE ABUSE

- ◆ Young people who abuse drugs and alcohol are more likely to drop out of school, become teen parents, experience injuries, and become involved with the criminal justice system.
- ◆ Sixty-one percent of Rhode Island 12th graders surveyed by the R.I. Department of Health in 1993 reported that they had consumed an alcoholic beverage within the past month. Forty percent of high school seniors said they had used marijuana at some time in the past month.

- ◆ Children and teens are victimized by substance abuse within their families – from the harmful effects of a mother's drug use during pregnancy to the emotional and financial hardships caused by parents with substance abuse problems.

REFERENCES FOR INDICATOR

- All data are from the Rhode Island Family Court, RIJS Intake Statistics, Year End Reports, 1988-1994, unless otherwise noted.
- Images and Reality: Juvenile Crime, Youth Violence and Public Policy*, (1994), National Council on Crime and Delinquency, San Francisco, CA.
- A Matter of Time: Risk and Opportunity in the Nonschool Hours*, (1992), Carnegie Corporation of New York, New York, NY.
- The Future of Children: Vol. 6, No. 1, Children and Divorce*, (1994), Center for the Future of Children, Los Angeles, CA.
- The 1993 Rhode Island Adolescent Substance Abuse Survey: Report of Statewide Results*, (1994), Rhode Island Department of Health, Providence, RI.
- KIDS COUNT Data Book 1995: State Profiles of Child Well-Being* (1995), Annie E. Casey Foundation, Baltimore, MD.

CHILD ABUSE AND NEGLECT

DEFINITION

Child abuse and neglect is the total number of indicated cases of child abuse and neglect per 1,000 children. "Indicated case" means that credible evidence exists that child abuse and/or neglect occurred following an investigation into a report of suspected child abuse or neglect. An indicated case can involve more than one child. Child abuse includes physical, sexual, and emotional abuse. Child neglect includes physical and emotional neglect.

SIGNIFICANCE

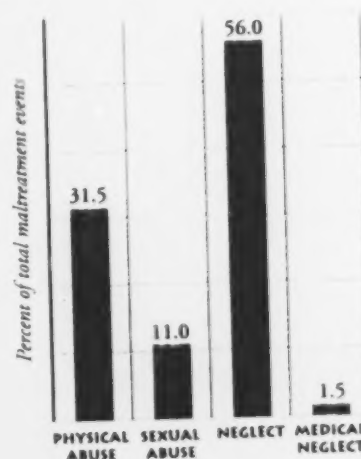
Child maltreatment can result in death, permanent disability, delayed development, mental and behavioral disorders, depression, and suicide. It is also linked to poor academic performance, juvenile delinquency, and teenage pregnancy.

Children may suffer from child abuse regardless of their racial or ethnic background or socio-

economic status. Children are at increased risk for maltreatment if their parents or caregivers are experiencing multiple problems such as drug and alcohol abuse, mental illness, emotional stress, poverty, unemployment, or domestic violence.

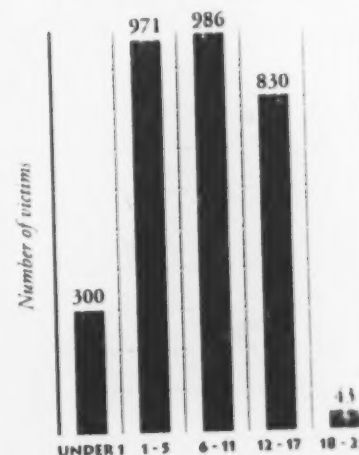
In Rhode Island in 1994 there were 2,732 indicated cases of child abuse and neglect, a rate of 9.7 per 1,000 children. More than 50% of indicated cases involved children from the core cities of Providence, Pawtucket, Woonsocket, Newport and Central Falls.

**MALTREATMENT
BY TYPE OF ABUSE
FOR INDICATED CASES,
RHODE ISLAND, 1993**



n = 4,893*

**MALTREATMENT
BY AGE OF VICTIM
FOR INDICATED CASES
OF CHILD ABUSE
AND NEGLECT,
RHODE ISLAND, 1993**



Age of Victim in Years
n = 3,130**

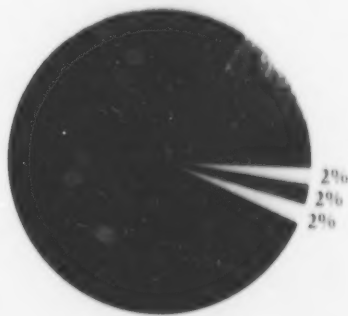
* This number reflects maltreatment events, not children. Children often experience more than one type of abuse. For example, if a child were physically and sexually abused, two maltreatment events would be counted. Data are for 1993; 1994 analysis not yet available.

** The number of victims is higher than the number of indicated cases because one case can involve more than one child victim. Data reflect an unduplicated count of child victims in 1993; 1994 analysis not yet available.

Source of Data: RI Department of Children, Youth, and Families, survey response for calendar year 1993 for National Child Abuse and Neglect Data System (NCANDS).

MALTREATMENT BY RELATIONSHIP OF PERPETRATOR TO VICTIM FOR INDICATED CASES OF CHILD ABUSE AND NEGLECT, RHODE ISLAND, 1993

- 78% ■ Parents
- 11% ■ Caretaker Relatives/Household members
- 5% ■ Unknown
- 2% ■ Residential Facility Staff
- 2% ■ Foster Parents
- 2% ■ Child Day Care Providers



n = 5,170***

*** Perpetrators can abuse more than one child and can abuse a child more than once. The total number of perpetrators in 1993 was 2,993 and they carried out 5,170 incidents of abuse and neglect.

Source of Data: RI Department of Children, Youth, and Families survey response for calendar year 1993 for National Child Abuse and Neglect Data System (NCANDS)

FACTS ABOUT CHILD ABUSE IN RHODE ISLAND, 1993

◆ 51% of the victims of child abuse and neglect were female, 49% were male.

◆ 40% of child abuse and neglect victims were under age 6, including 300 infants under age one.

◆ 78% of perpetrators were parents of the victims.

◆ 3,130 children were victims of child abuse and neglect.

RHODE ISLAND CHILD DEATHS DUE TO CHILD ABUSE AND NEGLECT*

YEAR	NUMBER OF DEATHS
1990	4
1991	7
1992	4
1993	3
1994	3

* Based on R.I. Department of Children, Youth, and Families determination of death due to child abuse or neglect by parent or caretaker.

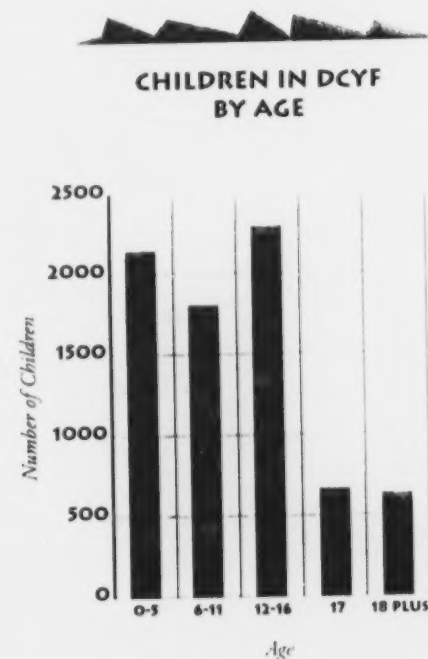
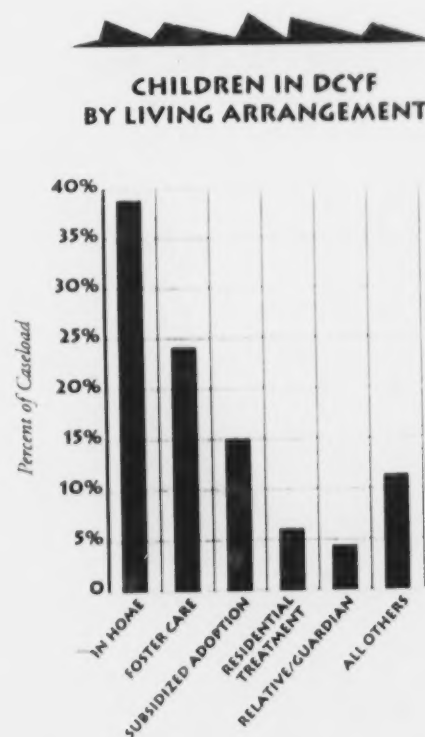
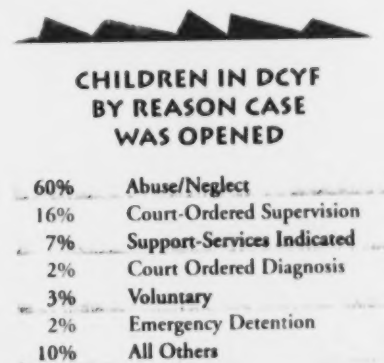
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CHILD ABUSE AND NEGLECT

THE RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES (DCYF)

DCYF CASELOAD:

On January 31, 1995, the total active caseload of the Rhode Island Department of Children, Youth and Families was 7,475 children. The information displayed here applies to these cases. It does not include the additional 2,716 children who are either in pending child abuse and neglect investigations or enrolled in DCYF community-based programs.



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CHILD ABUSE AND NEGLECT

NUMBER OF INDICATED CASES OF CHILD ABUSE AND NEGLECT PER 1,000 CHILDREN, RHODE ISLAND, 1994

CITY/TOWN	TOTAL POPULATION OF CHILDREN UNDER 21	NUMBER OF INDICATED CASES OF CHILD ABUSE/NEGLECT	RATE OF CASES OF CHILD ABUSE/NEGLECT PER 1,000 CHILDREN
Barrington	4,487	10	2.2
Bristol	6,186	30	4.8
Burrillville	5,109	23	4.5
Central Falls	5,579	124	22.2
Charlestown	1,783	13	7.3
Coventry	8,880	57	6.4
Cranston	17,558	131	7.5
Cumberland	7,523	40	5.3
East Greenwich	3,346	19	5.7
East Providence	12,520	93	7.4
Easter	1,710	18	10.5
Foster	1,358	3	2.2
Glocester	2,944	8	2.7
Hopkinton	2,123	11	5.2
Jamestown	1,282	3	2.3
Johnston	6,309	38	6.0
Lincoln	4,543	29	6.4
Little Compton	867	0	0
Middletown	5,598	38	6.8
Narragansett	3,757	14	3.7
Newport	7,858	99	12.6
New Shoreham	184	0	0
North Kingstown	6,993	41	5.9
North Providence	6,846	46	6.7
North Smithfield	2,724	11	4.0
Pawtucket	19,655	260	13.2
Portsmouth	4,716	21	4.5
Providence	52,674	744	14.1
Richmond	1,766	7	4.0
Scituate	2,809	5	1.8
Smithfield	5,955	13	2.2
South Kingstown	9,612	32	3.3
Tiverton	3,752	11	2.9
Warren	2,851	27	9.5
Warwick	21,596	160	7.4

TOWN	TOTAL POPULATION OF CHILDREN UNDER 21	NUMBER OF INDICATED CASES OF CHILD ABUSE/NEGLECT	RATE OF CASES OF CHILD ABUSE/NEGLECT PER 1,000 CHILDREN
Westerly	5,771	61	10.6
West Greenwich	1,067	7	6.6
West Warwick	7,818	116	14.8
Woonsocket	12,511	255	20.4
Out-of-State	NA	40	NA
Unknown	NA	74	NA
Rhode Island	280,620	2,732	9.7
Core Cities	98,277	1,482	15.0
Remainder of State	182,343	1,136	6.2

NOTES ON TABLE

An indicated case is an investigated report of child abuse and neglect for which credible evidence exists that child abuse and/or neglect occurred. An indicated case can involve more than one child.

SOURCE OF DATA FOR TABLE

Data are from the State of RI Department for Children Youth and Families, Child Abuse and Neglect Tracking System, number of reports (indicated cases) for the period January 1, 1994 to December 31, 1994. Population data are from U.S. Bureau of the Census, 1990 Census of Population.

REFERENCES FOR INDICATOR

All data are from the State of Rhode Island Department for Children Youth and Families, Child Abuse and Neglect Tracking System unless otherwise noted.

Child Abuse & Neglect, "A Profile of Violence Toward Children: A National Study", Wolfner, G., & Gelles, R. (1993), Family Violence Research Program, University of Rhode Island: Kingston, RI.

Child Maltreatment 1992: Reports From the States to the National Center on Child Abuse and Neglect, (1994), U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect: Washington, DC.

Starting Points: Meeting the Needs of Our Youngest Children, (1994), Carnegie Corporation of New York: New York, NY.

Violence and Youth: Psychology's Response, Vol. I: Summary Report of the American Psychological Association Commission on Violence and Youth (1993), American Psychological Association:



Your World

*Your world is as big as you make it.
I know, for I used to abide
In the narrowest nest in a corner,
My wings pressing close to my side.
But I sighted the distant horizon
Where the sky line encircled the sea
And I throbbed with a burning desire
To travel this immensity.
I battered the cordons around me
And cradled my wings on the breeze
Then soared to the uttermost reaches
With rapture, with power, with ease!*

Georgia Douglas Johnson



CHILDREN ENROLLED IN HEAD START

DEFINITION

Children enrolled in Head Start is the percent of eligible children ages 3 and 4 enrolled in the Head Start preschool program as of January 1995. Children enrolled in the Head Start Parent-Child Centers are not included.

SIGNIFICANCE

Head Start is a federally funded, comprehensive early child development program for low-income preschool children, primarily ages three to five, and their families. Head Start is designed to provide children who are at risk with the socialization and school-readiness skills they need to prepare them for elementary school.

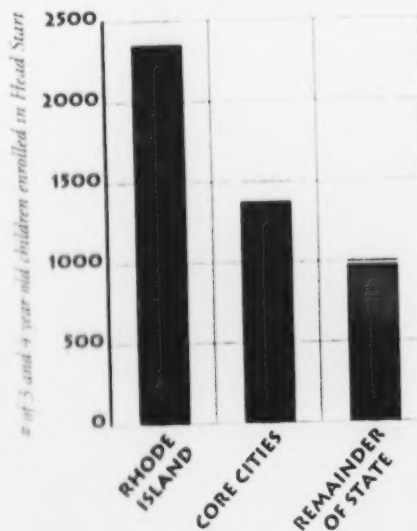
Head Start emphasizes parental involvement. At the community-based Head Start Centers, parents participate as volunteers or staff, are involved in program planning and policymaking, and attend parent education classes. Head Start program components also

include education, social services, health and nutrition, and mental health.

Nationally Head Start serves 713,000 children, 36% of those eligible. In Rhode Island, 2,352 children are enrolled, 39% of eligible 3 and 4 year olds.



CHILDREN ENROLLED IN HEAD START, CORE CITIES AND REMAINDER OF STATE, RHODE ISLAND, 1994



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ABOUT HEAD START

♦ Head Start is a comprehensive early childhood program designed to promote school readiness. Nationally, a total of 13.1 million children have been served by the program since it began in 1965.

♦ In 1991-1992, 34% of the Head Start staff across the country were parents of current or former Head Start children. Over 600,000 parents volunteer in their local Head Start Program.

♦ Head Start Parent-Child Centers provide comprehensive services to low-income families with children up to age three. The centers work with families to improve each child's developmental progress through a home visitors program, quality child care, and early intervention for children with special needs. There are two Parent-Child Centers in Rhode Island.

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CHILDREN ENROLLED IN HEAD START

PERCENT OF ELIGIBLE CHILDREN AGES 3 AND 4 ENROLLED IN HEAD START, RHODE ISLAND, 1994

CITY/TOWN	ESTIMATED ELIGIBLE CHILDREN AGES 3 & 4	NUMBER OF CHILDREN ENROLLED IN HEAD START	% OF ELIGIBLE 3 & 4 YEAR OLDS ENROLLED
Barrington	7	2	28.6
Bristol	47	27	57.4
Burrillville	29	21	72.4
Central Falls	284	40	14.1
Charlestown	24	9	37.5
Coventry	83	32	38.6
Cranston	264	194	73.5
Cumberland	54	15	27.8
East Greenwich	23	1	4.3
East Providence	186	71	38.1
Exeter	7	5	71.4
Foster	2	2	100.0
Glocester	18	11	61.1
Hopkinton	18	10	55.6
Jamestown	2	1	50.0
Johnston	79	44	55.7
Lincoln	26	15	57.7
Little Compton	3	1	33.3
Middletown	28	41	100.0
Narragansett	40	16	40.0
Newport	201	168	83.6
New Shoreham	1	0	0
North Kingstown	73	38	52.1
North Providence	103	46	44.7
North Smithfield	4	3	75.0
Pawtucket	653	80	12.3
Portsmouth	19	11	57.9
Providence	2,598	902	34.7
Richmond	12	6	50.0
Scituate	14	7	50.0
Smithfield	24	18	75.0
South Kingstown	50	30	60.0
Tiverton	33	17	51.5
Warren	51	30	58.8
Warwick	221	110	49.8

CITY/TOWN	ESTIMATED ELIGIBLE CHILDREN AGES 3 & 4	NUMBER OF CHILDREN ENROLLED IN HEAD START	% OF ELIGIBLE 3 & 4 YEAR OLDS ENROLLED
Westerly	94	45	47.9
West Greenwich	14	3	21.4
West Warwick	176	96	54.5
Woonsocket	454	184	40.5
Rhode Island	6,019	2,352	39.1
Core Cities	4,190	1,374	32.8
Remainder of State	1,829	978	53.5

NOTES ON TABLE

Estimated number of eligible children is based on number of 3 and 4 year old children in families receiving AFDC, 1993. This is an underestimate because it does not include children eligible for Head Start from non-AFDC families living below the poverty line.

SOURCE OF DATA FOR TABLE

Administration on Children, Youth and Families, US Department of Health and Human Services, Region 1; Rhode Island Head Start Programs; and Rhode Island Department of Human Services INRHODES Data Tapes, June 30, 1993. Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

REFERENCES FOR INDICATOR

All data are from Administration on Children, Youth and Families, US Department of Health and Human Services, Region 1; Rhode Island Head Start Programs; and Rhode Island Department of Human Services INRHODES Data Tapes, June 30, 1993, unless otherwise indicated.

Beyond Rhetoric: A New American Agenda for Children and Families: Final Report of the National Commission on Children, (1991), U.S. Government Printing Office: Washington DC.

Starting Points: Meeting the Needs of Our Youngest Children, (1994), Carnegie Corporation: New York, NY.

The State of America's Children Yearbook: 1994, (1994), Children's Defense Fund: Washington, DC.

Within Our Reach: Breaking the Cycle of Disadvantage, Lisbeth B. Schorr with Daniel Schorr (1988), Anchor Press: New York, NY.

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HIGH SCHOOL GRADUATION RATE

DEFINITION

High school graduation rate is the percent of a 7th grade class that would graduate based on the existing dropout incidence among 7th, 8th, 9th, 10th, 11th and 12th grade students. The rate is computed using Fall 1992 enrollment data and the number of dropouts by grade level from October 2, 1992 through October 1, 1993. This statistic includes those who receive a high school equivalency diploma.

SIGNIFICANCE

Children who receive a quality education are more likely to grow into capable, self-sufficient adults who contribute to their communities. With the decline of manufacturing and the increased reliance on an information-based economy, education has become critical to a young person's success in the labor market.

Children and teens in economically disadvantaged communities and whose parents have little formal

education are more likely to drop out of school. Early warning signs for a student likely to drop out of school include early school failure, poor grade performance, frequent truancy, behavior problems, substance abuse, and teen pregnancy.

Achievement differences among school districts and schools are correlated with the socioeconomic status of families in the community. There are currently major contrasts in educational achievement and student outcomes depending on where a student lives and goes to school.



EDUCATIONAL ACHIEVEMENT IN RHODE ISLAND

- ◆ Nearly 1 out of every 5 students enrolled in 7th grade in 1992 will not graduate from high school.
- ◆ According to the 1990 Census, 28% of Rhode Island adults over age 25 have not completed high school.
- ◆ 1 out of 3 fourth grade students did not have reading skills sufficient to meet a basic standard on the 1993 Metropolitan Achievement Tests.
- ◆ 63% of Rhode Island's public high school seniors took the Scholastic Aptitude Test (SAT) in 1993. SAT scores in Rhode Island vary by over 200 points depending on the educational level of the child's parents.

HIGH SCHOOL GRADUATION RATE

COMMUNITY CONTEXT AND EDUCATION INDICATORS, RHODE ISLAND, 1993

	COMMUNITY CONTEXT				HIGH SCHOOL GRADUATION RATE	% OF STUDENTS TAKING THE SAT	% OF 4TH GRADE STUDENTS MEETING A BASIC STANDARD IN READING (MAT 1993)
	% CHILDREN IN POVERTY	% LIMITED ENGLISH PROFICIENCY	% MINORITY ENROLLMENT	% ADULTS COMPLETING HIGH SCHOOL			
Barrington	1.3	—	2.3	88.9	95.7	84	86
Bristol-Warren	6.6	5.4	1.9	—	79.3	59	78
Burrillville	6.1	0.2	0.7	70.6	94.7	49	73
Central Falls	32.5	28.4	53.4	46.9	52.6	32	24
Charlton	5.0	0.5	3.8	82.2	85.4	47	71
Coventry	5.3	0.4	2.1	74.4	94.2	57	76
Cranston	9.5	4.5	9.1	74.0	83.0	59	68
Cumberland	4.7	2.7	3.2	74.7	89.7	71	74
East Greenwich	5.3	1.1	4.2	89.8	92.4	89	91
East Providence	8.7	5.2	10.0	66.9	84.3	54	61
Exeter-W. Greenwich	3.2	0.2	2.4	78.0	96.2	47	66
Foster	7.6	—	1.1	81.9	—	—	75
Foster-Glocester	6.8	—	1.6	82.5	85.7	59	—
Glocester	6.5	—	1.0	82.8	—	—	85
Jamestown	8.1	—	1.8	89.0	—	—	85
Johnston	8.4	1.1	3.2	66.8	82.8	44	68
Lincoln	7.0	0.7	3.9	76.1	93.0	65	76
Little Compton	2.7	—	—	86.0	—	—	75
Middletown	6.0	2.1	11.3	85.0	97.8	60	64
Narragansett	4.5	1.2	3.8	87.2	95.8	70	88
Newport	20.3	1.4	23.0	84.1	86.3	67	63
New Shoreham	10.1	—	9.6	94.0	85.7	60	55
North Kingstown	4.7	1.5	4.7	86.2	86.7	80	85
North Providence	5.4	2.8	7.2	70.8	96.5	45	59
North Smithfield	1.6	0.7	2.1	71.5	93.7	75	88
Pawtucket	15.5	10.5	25.4	61.6	59.9	48	49
Portsmouth	4.4	—	4.1	86.3	92.3	80	89
Providence	34.5	17.9	69.3	62.8	68.7	69	42
Scituate	3.7	0.2	2.0	83.8	89.2	68	78
Smithfield	4.1	—	2.1	80.8	93.0	70	80
South Kingstown	7.5	1.2	7.8	85.5	91.4	82	76
Tiverton	6.4	—	0.9	70.5	77.9	59	78
Warwick	5.9	0.7	3.9	77.8	91.0	62	72
Westerly	8.7	1.9	4.0	75.6	86.4	69	66
West Warwick	11.8	3.8	6.3	70.3	81.4	52	59
Woonsocket	21.4	4.4	20.0	56.2	65.2	50	59
<i>Rhode Island</i>	<i>13.5</i>	<i>5.0</i>	<i>18.0</i>	<i>72.0</i>	<i>81.7</i>	<i>63</i>	<i>66</i>
<i>Core Cities</i>	<i>27.3</i>	<i>13.0</i>	<i>48.4</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>
<i>Remainder of State</i>	<i>6.5</i>	<i>1.8</i>	<i>4.7</i>	<i>4.7</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>

NOTES ON TABLE

Percent of children living in poverty(1990); percent of students identified with Limited English Proficiency; percent of enrollment that is minority; percent of the adult population over age 25 that has completed high school; 1993 high school graduation rate; percent of students taking the SAT in 1993; percent of 4th grade students meeting a basic standard in reading according to the 1993 Metropolitan Achievement Tests, Rhode Island School Districts, 1993. Core cities are Providence, Pawtucket, Central Falls, Woonsocket and Newport.

SOURCES OF DATA FOR TABLE

Percent of children living in poverty is based on U.S. Bureau of the Census, 1990 Census of Population. All other data are from the Rhode Island Department of Elementary and Secondary Education, Rhode Island Public Schools 1993 Education Indicator Report, Office of Decentralization and Accountability.

REFERENCES

- America's Children At Risk: A National Agenda for Legal Action*, (1993), American Bar Association: Chicago, IL.
- Beyond Rhetoric: A New American Agenda for Children and Families. Final Report of the National Commission on Children*, (1991), U.S. Government Printing Office: Washington, D.C.
- Reaching for High Standards: Student Performance in Rhode Island*, (December 1993), Rhode Island Department of Elementary and Secondary Education: Providence, RI.
- KIDS COUNT Data Book 1995: State Profiles of Child Well-Being* (1995), Annie E. Casey Foundation: Baltimore, MD.

TEENS NOT IN SCHOOL AND NOT IN THE LABOR FORCE

DEFINITION

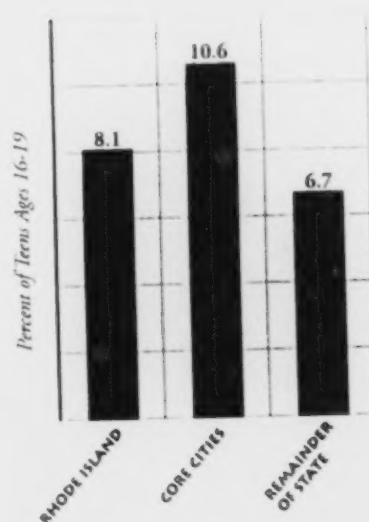
Teens not in school and not in the labor force is the percentage of teens ages 16 to 19 who are not in the Armed Forces, not enrolled in school, and unemployed. This indicator includes recent high school graduates who are unemployed, and teens who have dropped out of high school who are jobless.

SIGNIFICANCE

Teens who lack the opportunities that accompany strong skills, educational attainment, and prospects for success in the labor market are unlikely to realize their full potential. Gaps in schooling and lack of workforce preparation place them at a significant disadvantage as they transition from adolescence to adulthood.

Rhode Island ranks well compared to the rest of the country for this indicator, however there is a significant gap between the core cities and the remainder of the state.

PERCENT OF TEENS
NOT IN SCHOOL AND
NOT IN LABOR FORCE,
RHODE ISLAND, 1990



ERODING WAGES FOR YOUNG WORKERS

◆ In 1992, the median hourly wage of workers 16 to 19 in the US was \$4.73 per hour.

◆ Inflation-adjusted wage levels for young workers have dropped steadily since 1973.

◆ Between 1979 and 1992 the average annual earnings of male high school graduates ages 20 to 29 fell by 29% (adjusting for inflation), while their peers without high school diplomas suffered a 35% decrease in their average annual earnings.

Source: *The State of America's Children Yearbook: 1994*, (1994), Children's Defense Fund: Washington, D.C.

TEENS NOT IN SCHOOL AND NOT IN THE LABOR FORCE

% TEENS NOT IN SCHOOL AND NOT IN LABOR FORCE, AGES 16-19, RHODE ISLAND, 1990

CITY/TOWN	TOTAL NUMBER OF TEENS AGES 16-19	NON-HIGH SCHOOL GRADUATES	HIGH SCHOOL GRADUATES	TOTAL NUMBER	% OF TEENS
Barrington	800	8	17	25	3.1
Bristol	1,703	43	34	77	4.5
Burrillville	886	33	31	64	7.2
Central Falls	931	35	100	135	14.5
Charlestown	261	0	0	0	0.0
Coventry	1,689	59	52	111	6.6
Cranston	3,500	99	304	403	11.5
Cumberland	1,474	59	128	187	12.7
East Greenwich	627	0	7	7	1.1
East Providence	2,408	72	180	252	10.5
Easter	279	16	17	33	11.8
Foster	232	16	3	19	8.2
Glocester	565	27	27	54	9.6
Hopkinton	377	10	44	54	14.3
Jamestown	226	0	10	10	4.4
Johnston	1,235	13	30	43	3.5
Lincoln	874	32	17	49	5.6
Little Compton	167	0	4	4	2.4
Middletown	922	20	27	47	5.1
Narragansett	653	15	16	31	4.7
Newport	1,978	56	46	102	5.2
New Shoreham	20	0	0	0	0.0
North Kingstown	1,269	12	27	39	3.1
North Providence	1,444	29	78	107	7.4
North Smithfield	578	30	0	30	5.2
Pawtucket	3,632	81	303	384	10.6
Portsmouth	851	10	13	23	2.7
Providence	12,841	253	1,042	1,294	10.1
Richmond	284	18	16	34	12.0
Scituate	555	24	10	34	6.1
Smithfield	1,625	21	16	37	2.3
South Kingstown	3,818	15	7	22	0.6
Tiverton	812	34	24	58	7.1
Warren	505	0	37	37	7.3
Warwick	4,231	151	198	349	8.2
Westerly	992	10	98	108	10.9
West Greenwich	211	15	0	15	7.1
West Warwick	1,478	46	89	135	9.1
Woonsocket	2,357	101	285	386	16.4
<i>Rhode Island</i>	<i>59,290</i>	<i>1,484</i>	<i>3,339</i>	<i>4,823</i>	<i>8.1</i>
<i>Core Cities</i>	<i>21,739</i>	<i>527</i>	<i>1,776</i>	<i>2,303</i>	<i>10.6</i>
<i>Remainder of State</i>	<i>37,551</i>	<i>957</i>	<i>1,563</i>	<i>2,520</i>	<i>6.7</i>

NOTES ON TABLE

Number and percent of teens ages 16 to 19 who are not enrolled in school and unemployed or not in labor force, Rhode Island, 1990. "Unemployed" teens means teens who are not employed but who are looking for work; teens "not in labor force" means teens without jobs who are not looking for work.

Core cities are Providence, Pawtucket, Woonsocket, Newport and Central Falls.

SOURCE OF DATA FOR TABLE

All data are from the U.S. Bureau of the Census, 1990 Census of Population, unless otherwise noted.

REFERENCES FOR INDICATORS

The State of America's Children Yearbook: 1994, (1994), Children's Defense Fund: Washington, DC.

A Matter of Time: Risk and Opportunity in the Nonschool Hours, (1992), Carnegie Corporation of New York: New York, NY.

KIDS COUNT Data Book 1994: State Profiles of Child Well-Being, (1994), Annie E. Casey Foundation: Baltimore, MD.

Survey of 1993 June Graduates of Providence Public Schools, (1994) University of Rhode Island: Urban Field Center: Providence, RI.

METHODOLOGY AND ACKNOWLEDGEMENTS

METHODOLOGY

The 1995 Rhode Island KIDS COUNT Factbook provides data for twenty indicators of child well-being. The data are presented in three different ways:

NUMBERS

The most direct measure of the scope of a problem is the count of the *number* of events of concern during a specified time period – e.g. the number of child deaths between 1987 and 1992.

Numbers are important in assessing the scope of the problem and in estimating the resources required to address a problem. Numbers are not useful to compare the severity of the problem from one geographic area to another or to compare the extent of the problem in your state with national standards. For example, a state with more children might have more low birthweight infants due to the larger number of total births, not due to an increased likelihood of being born low birthweight.

RATES AND PERCENTS

A *rate* is a measure of the probability of an event – e.g. out of every 1,000 live births, how many infants will die before their first birthday?

A *percent* is another measure of the probability of an event – e.g. out of every 100 births, how many will be born low birthweight?

Rates and percents take into account the total population of children eligible for an event and therefore, are useful in comparing the severity of the problem from one geographic area to another, to compare with state or national standard or to look at trends over time.

SOURCES OF DATA AND METHODOLOGY FOR CALCULATING RATES AND PERCENTS

For each indicator, the source of information for the actual number of events of interest (the “numerator”) are identified within the Definition and Notes to Table sections for each indicator.

For each indicator that uses a rate or a percent, the following outlines the methodology used to estimate the total number of children eligible for the indicator of interest (i.e. the “denominator”). Rates and percentages were not calculated for cities and towns with denominators less than 500, as rates and percentages for small denominators are statistically unreliable. We have indicated “NA” in the indicator table when this occurs.

Child Population, Children in Single Parent Families, Children in Poverty.

The denominator is the number of children under age 18 according to the 1990 Census of Population.

Children Receiving Public Assistance. The denominator is the number of children ages one to thirteen according to the 1990 Census of Population, plus the four times the average number of births for the years 1987 to 1991.

Delayed Prenatal Care, Low Birthweight Infants, Infant Mortality. The denominator is the total number of live births to Rhode Island residents from 1987 to 1991.

Births to Unmarried Teens. The denominator is the number of girls ages 15 through 19 according to the 1990 Census of Population, multiplied by four to compute a rate over four years, 1988 to 1991.

Women and Children Receiving WIC. The denominator is the number of children under age 5 who live in families with an income less than 185% of poverty, according to the 1990 Census of Population. This is an estimate of the eligible population and does not take into account increases in the number of women and children who became income eligible between 1990 and 1995.

Children Receiving School Lunch. The denominator is the number of children enrolled in the public school system, not including half-day kindergarten.

Children with Lead Poisoning. The denominator is the total number of children born between September 1, 1990 and August 31, 1991. This is an estimate of the number of children age three on September 1, 1994 and therefore eligible to begin school in the Fall of 1996. The denominators for the town data are based on residence at time of birth, not at time of lead screening, and therefore are estimates that do not account for changes in residence during the first three years of life.

Child Deaths. The denominator is the number of children ages 1 to 14 according to the 1990 Census of Population, multiplied by five to compute a rate over five years, 1987 to 1991.

Teen Deaths. The denominator is the number of teens ages 15 to 19 according to the 1990 Census of Population, multiplied by five to calculate a rate over five years, 1987 to 1991.

Juveniles Referred to Family Court. The denominator is the number of children ages 10 to 17 according to the 1990 Census of Population.

Child Abuse and Neglect. The denominator is the number of children under the age of 21 according to the 1990 Census of Population.

Children Enrolled in Head Start. The denominator is the number of children ages 3 and 4 who lived in families receiving AFDC in 1994. This is an underestimate because it does not include children eligible for Head Start who live in non-AFDC families living below the poverty line.

High School Graduation Rate. The denominator is the number of children enrolled in 7th, 8th, 9th, 10th, 11th and 12th grades in the Fall of 1992.

Teens Not in School and Not in the Labor Force. The denominator is the number of teens ages 16 to 19 according to the 1990 Census of Population.

LIMITATIONS

In any data collection process there are always concerns about the accuracy and completeness of the data being collected. All data used in the 20 indicators were collected through the U.S. Bureau of the Census and through routine data collection systems operated by different agencies of the state of Rhode Island. We do not have estimates of the completeness of reporting to these systems.

In all cases, we used the most reliable data currently available. We expect that over time the data used to assess child well-being in Rhode Island will be more timely and will contain more complete information on the state's racial and ethnic communities than is currently available.

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